



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Non-Profit Corporation  
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000311949

2. Name of Corporation Hope of Life International

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 85 WHIPPLE STREET

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO GIVE AID TO THE NEEDY, SUPPLYING FOOD, CLOTHING, MEDICAL, HOMES,  
CLEAN WATER SUPPLY AND CHURCHES THROUGH NATIONS

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KATIE ARRIAZA	85 WHIPPLE STREET PROVIDENCE, RI 02908 USA
TREASURER	ANDREA ALDANA	85 WHIPPLE ST PROVIDENCE, RI 02908 USA

VICE PRESIDENT	ERICA ESTRADA	85 WHIPPLE ST PROVIDENCE, RI 02908 USA
DIRECTOR	JANE HOLT	85 WHIPPLE ST PROVIDENCE, RI 02908 USA
DIRECTOR	CARINA PINTO	85 WHIPPLE ST PROVIDENCE, RI 02908 USA
DIRECTOR	ROBIN MOTTA	58 BISHOP HILL ROAD JOHNSTON, RI 02919 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KATIE LEE ARRIAZA 85 WHIPPLE STREET PROVIDENCE , RI 02908

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 12 Day of May, 2015 at 2:41:37 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By KATIE ARRIAZA  
Signature of Authorized Person

Form No. 631  
Revised 09/07