



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>543300</u>		2. Exact name of the Corporation <u>Giving Hopes, Encouragement, TIME, Opportunities, Inc</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Provide MENTORSHIP FOR BOYS & GIRL PROGRAM</u>			
5. Principal office address <u>130 MAYFLOWER ST</u>			City <u>EAST PROV.</u>	State <u>RI</u>	Zip <u>02914</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>DANIEL R CURRIA</u>			Vice-President Name <u>EDWIN P. GILBERT</u>		
Street Address <u>130 MAYFLOWER ST</u>			Street Address <u>266 CALIFORNIA AVE</u>		
City <u>EAST PROV</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>PROV.</u>	State <u>RI</u>	Zip <u>02905</u>
Secretary Name			Treasurer Name <u>Carlos SILVER</u>		
Street Address			Street Address <u>29 Christopher Cr</u>		
City	State	Zip	City <u>Westport</u>	State <u>MA</u>	Zip <u>02790</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>Edwin Gilbert</u>			Director Name <u>Carlos SILVER</u>		
Street Address <u>266 California Ave</u>			Street Address <u>29 Christopher Cr</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Westport</u>	State <u>MA</u>	Zip <u>02790</u>
Director Name <u>Joshua Curria</u>			Director Name		
Street Address <u>25 130 Mayflower St</u>			Street Address		
City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

JUL 20 2015

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

CR 253048 Daniel R Curria 7/20/2015
 Signature of Officer or Authorized Representative Date

DANIEL R CURRIA
 Print or Type Name of Officer or Authorized Representative