



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

Foreign Non-Profit  
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: 2016

1. Corporate ID No. 001334387

2. Name of Corporation The HP Alliance, Inc.

3. State of Incorporation

State: MA

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 10021

City or Town: CRANSTON State: RI Zip: 02910 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 236 PAWTUXET AVE

City or Town: CRANSTON State: RI Zip: 02905 Country: UNI

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

TO EDUCATE AND ENGAGE YOUTH IN CAUSES FOR SOCIAL JUSTICE PERSONAL EMPOWERMENT AND THE PROMOTION OF THE ARTS AND HUMANITIES

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MELISSA ANELLI	280 OCEAN PARKWAY 3B BROOKLYN, NY 11218 USA
TREASURER	SETH SOULSTEIN	420 EAST SENECA ST ITHACA, NY 14850 USA
SECRETARY	PAUL DEGEORGE	532 WALNUT STREET LAWRENCE, KS 66044 USA
EXECUTIVE DIRECTOR	MATTHEW MAGGIACOMO	236 PAWTUXET AVE

		CRANSTON, RI 02905 USA
DIRECTOR	SAMANTHA ENDER	109 UNION ST APT 3A BROOKLYN, NY 11231 USA
DIRECTOR	LILLIAN KARABAIC	2640 SE ANKENY ST #309 PORTLAND, OR 97214 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**

MATTHEW MAGGIACOMO 39 ARNOLD AVENUE CRANSTON , RI 02905

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

**Signed this 16 Day of February, 2017 at 2:30:23 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 AMBER DUCHARME  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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