



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000794424		2. Exact name of the Corporation HEARTS WITH HOPE INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO RAISE MONEY FOR THE BENEFIT OF WOONSOCKET HIGH SCHOOL ALUMNI AND/OR THEIR IMMEDIATE FAMILIES WHO HAVE BEEN DIAGNOSED WITH A SERIOUS MEDICAL CONDITION OR SUFFERED A CATASTROPHIC LIFE EVENT AND HAVE DEMONSTRATED A NEED FOR FINANCIAL ASSISTANCE.			
4. NAICS Code 813219 - Other Grantmaking <input type="checkbox"/>					
6. Principal Office Address 118 CRESTWOOD CT			City CUMBERLAND	State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MONICA NIQUETTE			Vice-President Name STACY LACROIX		
Street Address 118 CRESTWOOD CT			Street Address 55 SCHOOL STREET		
City CUMBERLAND	State RI	Zip 02864	City ALBION	State RI	Zip 02802
Secretary Name KATHERINE HEROUX			Treasurer Name AMY SANBORN		
Street Address 147 LOUISE STREET			Street Address 2 MCKAY ROAD		
City WOONSOCKET	State RI	Zip 02895	City HOPKINTON	State MA	Zip 01748
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ARTHUR FLUETTE			Director Name MONIQUE BEGNOCHE		
Street Address 7 JENCKS ROAD			Street Address 31 STELLA DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Director Name Eric Chertier			Director Name RENEE RIOUX		
Street Address 326 Mendon Road #3			Street Address 216 Grove Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative MONICA NIQUETTE					Date 6/30/17
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE					FILED JUL 20 2017 <u>227</u>

MAIL TO:
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 Website: www.sos.ri.gov