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	2. Exact name of the Corporation
000159105	**House of Hope of Rhode Island, Inc.**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **support for youth and families in crisis, parenting courses, counseling & mentoring - eventually a residential school, mentoring & counseling program**
4. NAICS Code: **624110 - Child and Youth Se**	

6. Principal Office Address	City	State	Zip
155 Indian Tr	**Saunderstown**	**RI**	**02874**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Jane Stach**			Vice-President Name **Joseph Manning**		
Street Address **155 Indian Tr**			Street Address **70 Starr Dr**		
City **Saunderstown**	State **RI**	Zip **02874**	City **Narragansett**	State **RI**	Zip **02882**
Secretary Name **Mary Brennan**			Treasurer Name **Joseph Manning**		
Street Address **5 Haven St**			Street Address **70 Starr Dr**		
City **Smithfield**	State **RI**	Zip **02917**	City **Narragansett**	State **RI**	Zip **02882**

8. List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name **Jane Stach**			Director Name **Joseph Manning**		
Street Address **155 Indian Tr**			Street Address **70 Starr Dr**		
City **Saunderstown**	State **RI**	Zip **02874**	City **Narragansett**	State **RI**	Zip **02882**
Director Name **Mary Brennan**			Director Name		
Street Address **5 Haven St**			Street Address		
City **Smithfield**	State **RI**	Zip **02917**	City	State	Zip

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.

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

Name of Officer/Authorized Representative	Date
Jane E Stach	**4/26/2018**

Signature of Officer/Authorized Representative: Jane E. Stach — SIGN DOCUMENT HERE

RECEIVED
2018 MAY 2 AM 11:11
SECRETARY OF STATE
CORPORATIONS DIV.

FILED
MAY 02 2018 11:11
BY CN 329825

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017