



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

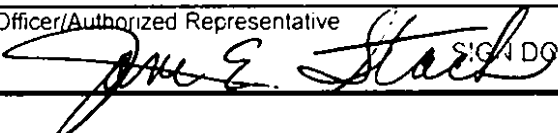
Annual Report for the year: **2017**

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 000159105		2. Exact name of the Corporation 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 155 Indian Tr		City Saunderstown		State RI	Zip 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.					
<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 Jane E Stach				Date 4/26/2018	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.scs.ri.gov

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FORM 631 - Revised: 11/2017