



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

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 STATE SECRETARY
 CORPORATION DIV.
 2018 JUN 21 PM 2:39

Annual Report for the year: 2018
 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 001657004		2. Exact name of the Corporation Esperanca Ja' Hope now	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island See attached	
4. NAICS Code 813319			
6. Principal Office Address 39 Wood Hollow Ln.		City Rumford	State RI
		Zip 02916	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lucy Rose		Vice-President Name Wendy Monteiro	
Street Address 39 Wood Hollow Ln.		Street Address 11107 College Ave apt 5	
City Rumford	State RI	City Kansas City	State MO
Zip 02916		Zip 64137	
Secretary Name		Treasurer Name Lucy Rose	
Street Address		Street Address 39 Wood Hollow Ln	
City	State	City Rumford	State RI
Zip 02916		Zip 02916	
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 Gary Correia		Director Name Wendy Monteiro	
Street Address 54 Swallow St		Street Address 11107 College Ave apt 5	
City New Bedford	State MA	City Kansas City	State MO
Zip 01901		Zip 64137	
Director Name Lucy Rose		Director Name	
Street Address 39 Wood Hollow Ln		Street Address	
City Rumford	State RI	City	State
Zip 02916		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 [Signature]		FILED	Date 6/21/18
Signature of Officer/Authorized Representative		JUN 21 2018 SIGN DOCUMENT HERE BY 333253	

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Purpose:

ESPERANCA JA HOPE NOW A MISSION ANCHORED WITH LOVE TO LEAD POSITIVE SOCIAL CHANGE. THE MISSIONS GOAL IS TO ASSIST CABO VERDEANS WHO ARE IN NEED, ESPECIALLY CHILDREN AND DISABLED, BOTH LOCALLY AND GLOBALLY. OUR PURPOSE: ESPERANCA JA HOPE NOWS PURPOSE IS TO PROVIDE LOVE AND SUPPORT WITH THE GOAL OF HOPE BEING FULLY REALIZED. OUR ACTION: TAKING HOLD OF HOPE FOR A BETTER FUTURE FOR THE NEEDY AND AFFLICTED BY PROVIDING SUPPORT AND ENCOURAGEMENT IN THE AREAS OF PHYSICAL, SOCIAL AND EMOTIONAL NEEDS. OUR IMPACT: MOVING FROM RISK TO RESILIENCE TO ACHIEVE PHYSICAL, SOCIAL AND EMOTIONAL WELL-BEING. INSPIRING OTHERS TO HAVE AND GIVE HOPE.