



**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

**Non-Profit Corporation
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: 2018

1. Corporate ID No. 000712142

2. Name of Corporation HopeHealth

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Corporate Address in Rhode Island

No. and Street: 1085 NORTH MAIN STREET

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

TO SUPPORT AND BENEFIT HOME & HOSPICE CARE OF RHODE ISLAND AND VISITING NURSE SERVICE OF GREATER RHODE ISLAND

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DIANA FRANCHITTO	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
TREASURER	CRAIG KAPPEL	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
SECRETARY	MARK TRACY	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
CHAIR	KEITH KELLY	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	POLLY BROWN	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	DEBORAH CORNWALL	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	THE REVEREND JANET COOPER- NELSON	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	LAWRENCE CAPODILUPO	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	BARBARA COTTAM	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	DENISE DEVER	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	VINCENT MOR	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	THOMAS O'NEILL	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	STEPHEN SOSCIA	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	RICHARD TRULL	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	MARC HUDAK	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	JAMES PURCELL	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	ARTHUR ROBBINS	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	ALLEN PECKHAM	1085 NORTH MAIN STREET PROVIDENCE, RI 02904 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**

JEFFREY F. CHASE-LUBITZ, ESQ. DONOGHUE, BARRETT & SINGAL, P.C. ONE CEDAR STREET,
SUITE 602 PROVIDENCE , RI 02903

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

Signed this 28 Day of June, 2018 at 2:42:28 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 DIANA FRANCHITTO , PRESENT

Signature of Authorized Person

Form No. 631
Revised 09/07

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