



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2018  
 Non-Profit Corporation

2019 APR -9 PM 1:38

- 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 <b>000130268</b>		2. Exact name of the Corporation <b>RAISING HOPE, INC.</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Provide home health care services to 18 yrs and older, youth and family programs, employment &amp; transitions program.</b>	
4. NAICS Code <b>624190</b>			
6. Principal Office Address			
<b>66 BURNETT STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02907</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>ISAAC OGBOMO</b>		Vice-President Name <b>ROCHELLE LEE</b>	
Street Address <b>P.O. BOX 28186</b>		Street Address <b>172 ONTARIO STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>PROVIDENCE</b>
			State <b>RI</b>
			Zip <b>02907</b>
Secretary Name <b>SEGUN KOSIMO</b>		Treasurer Name <b>DR. AKIN OLAGUNJU</b>	
Street Address <b>17 FISHER STREET</b>		Street Address <b>182 MINERAL SPRING AVE</b>	
City <b>ATTEBORD</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>PANTUCKET</b>
			State <b>RI</b>
			Zip <b>02860</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>FRITZNER MYRTAIL</b>		Director Name <b>GORDIE DANIELL</b>	
Street Address <b>29 KIPLING STREET</b>		Street Address <b>340 MAIN STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>WORCESTER</b>
			State <b>MA</b>
			Zip <b>01608</b>
Director Name <b>WILLIAM ROSE</b>		Director Name	
Street Address <b>66 BURNETT STREET</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	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.			
<b>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.</b>			
<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 <b>ISAAC OGBOMO</b>			Date <b>4-9-19</b>
Signature of Officer/Authorized Representative <i>Isaac Ogbomo</i>			

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