



Department of State - Business Services Division

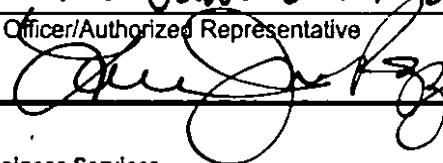
FILED

JUN 24 2019

21594

Annual Report for the year: 2019
 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 56774		2. Exact name of the Corporation House of Hope Community Development Corp.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community development corporation that provides affordable housing, shelters, and services to the homeless population.			
4. NAICS Code 624221					
6. Principal Office Address 3188 Post Road			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Deborah Imondi			Vice-President Name Michael T. Maynard		
Street Address 20 Poppy Hill Drive			Street Address 95 Hilltop Drive		
City Johnston	State RI	Zip 02919	City Warwick	State RI	Zip 02818
Secretary Name Anita Sowers			Treasurer Name Brian C. Jones		
Street Address 9 Rustic Way			Street Address 20 Bateman Avenue		
City Hope	State RI	Zip 02831	City Newport	State RI	Zip 02840
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 Laura Jaworski Razza			Director Name William Stein		
Street Address 51 Bishop Avenue			Street Address 83 Vincent Avenue		
City Rumford	State RI	Zip 02916	City N. Providence	State RI	Zip 02904
Director Name Lisa Kilduff			Director Name		
Street Address 660 Fletcher Road			Street Address		
City N. Kingstown	State RI	Zip 02852	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 Laura Jaworski Razza				Date 6/20/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	