



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>000071223</u>		2. Exact name of the Corporation <u>H.O.P.E. FOUNDATION INTERNATIONAL</u> <u>(HEALTH ORGANIZATION FOR THE POOR ENTERPRISE)</u>	
3. State of Incorporation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>FUNDRAISING FOR MEDICAL MISSIONS AND</u> <u>MEDICAL CLINICS (813212)</u>	
5. Principal office address <u>2105 CRANSTON STREET</u>		City <u>CRANSTON</u>	State <u>RI</u>
		Zip <u>02920</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>MICHAEL MAKALINAW</u>		Vice-President Name <u>DEBBIE TAN</u>	
Street Address <u>30 HONEYSUCKLE ROAD</u>		Street Address <u>25 BRENTON AVE</u>	
City <u>WARWICK</u>	State <u>RI</u>	City <u>PROVIDENCE</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02906</u>	
Secretary Name <u>JORDANA GIORGI</u>		Treasurer Name <u>THOMAS H UNSWORTH</u>	
Street Address <u>68 JACKSONIA DRIVE</u>		Street Address <u>14 MAPLEWOOD ST</u>	
City <u>NORTH PROVIDENCE</u>	State <u>RI</u>	City <u>EAST PROVIDENCE</u>	State <u>RI</u>
Zip <u>02911</u>		Zip <u>02914</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>MARIE HALD</u>		Director Name <u>DONALD HAYDEN</u>	
Street Address <u>2105 CRANSTON ST</u>		Street Address <u>906 TOURTELL OT HILL ROAD</u>	
City <u>CRANSTON</u>	State <u>RI</u>	City <u>NORTH SCITUATE</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02857</u>	
Director Name <u>DAVID HAYES</u>		Director Name	
Street Address <u>15 ASTER ST</u>		Street Address	
City <u>WEST WARWICK</u>	State <u>RI</u>	City	State
Zip <u>02893</u>		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

FILED

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

JUL 31 2019

BY

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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.

THOMAS H UNSWORTH
Signature of Officer or Authorized Representative

7-28-19
Date

THOMAS H UNSWORTH
Print or Type Name of Officer or Authorized Representative