



**Department of State - Business Services Division**

**FILED**

**AUG 20 2020**

BY 1013-8738 DS

**Annual Report for the year: 2020**  
**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 <b>1690522</b>		2. Exact name of the Corporation <b>Friends of the Hope Initiative</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To support the efforts of the Rhode Island law enforcement and others to battle opioid crisis and overdose epidemic through education outreach and public awareness efforts</b>			
4. NAICS Code <b>813920 - Professional Org</b>					
6. Principal Office Address <b>One Park Row, 5th Floor</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. List ALL officers (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>None</b>			Vice-President Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>The Honorable Anthony J. Giannini, Jr.</b>			Director Name <b>John Cabral</b>		
Street Address <b>1301 Atwood Avenue, Suite 215N</b>			Street Address <b>12 Cherry Lane</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>Raymond Studley</b>			Director Name		
Street Address <b>3 Pine Cove Drive</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</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>Edward J. Galvin</b>				Date <b>8/14/2020</b>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov