

RI SOS Filing Number: 202049793350
State of Rhode Island and Providence Plantations

Date: 8/25/2020 4:00:00 PM

Department of State - Business Services Division

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.

FILED

AUG 25 2020

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2020 AUG 25 PM 12:24

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 611110 - Elementary and Se					
6. Principal Office Address 3188 Post Rd		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 Dr			Street Address 95 Hilltop Dr		
City Johnston	State RI	Zip 02919	City Warwick	State RI	Zip 02818
Secretary Name Anita Sowers			Treasurer Name Joshua Gorra		
Street Address 9 Rustic Way			Street Address 34 Mystery Farm Lane		
City Hope	State RI	Zip 02831	City Cranston	State RI	Zip 02921
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 Ave			Street Address 83 Vincent Ave		
City Rumford	State RI	Zip 02916	City N Providence	State RI	Zip 02904
Director Name Lisa Kilduff			Director Name		
Street Address 660 Fletcher Rd			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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <i>Laura Jaworski Razza</i>				Date 06/18/2020	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019