



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000790439

**2. Name of Corporation** Fostering Hope New England, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 14 IMPERIAL STREET UNIT 202B

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 15 ARCH STREET

City or Town: PROVIDENCE State: RI Zip: 02907 Country: UNI

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO ADVOCATE FOR ORPHANS AND AT RISK CHILDREN IN THE NEW ENGLAND  
FOSTER CARE SYSTEMS, SPECIFICALLY BY EDUCATING, RECRUITING, AND  
EQUIPPING.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island**

Corporation shall not be less than 3.

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT      | WENDY JACOBI                                   | 49 NEWBRIDGE ROAD<br>SUDBURY, MA 01776 USA                 |
| TREASURER      | JAMES KWON                                     | 11 STANLEY AVE<br>BARRINGTON, MA 01806 US                  |
| VICE PRESIDENT | KEVIN MCKAY                                    | 120 ARDMORE AVE<br>PROVIDENCE, RI 02908 USA                |
| DIRECTOR       | LAUREN WASINGER                                | 33 THOMAS DRIVE<br>CHELMSFORD, MA 10824 US                 |
| DIRECTOR       | HOPE STRAUGHAN                                 | 24 ADAMS STREET<br>NEWTON, MA 02460 USA                    |
| DIRECTOR       | JONATHAN REID                                  | 15 ARCH STREET<br>PROVIDENCE, RI 02907 USA                 |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JONATHAN REID 15 ARCH STREET PROVIDENCE , RI 02907

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

**Signed this 8 Day of June, 2021 at 11:05:48 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JONATHAN REID  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved