



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Non-Profit Corporation

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2021 JUL 13 P 2:18
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- 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 148607	2. Exact name of the Corporation Haiti Charity Hope
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Organization - religious, educational, charitable to a community in Haiti
4. NAICS Code 813311	

6. Principal Office Address P.O. Box 114136	City Providence	State RI	Zip 02911
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Marie Gabriel			Vice-President Name Jack Hurley Jr.				
Street Address 158 West Street			Street Address 68 Farnum Pike				
City W. Warwick	State RI	Zip 02893	City Smithfield	State RI	Zip 02917		
Secretary Name Jenny Gabriel			Treasurer Name NONE				
Street Address 158 West Street			Street Address NONE				
City W. Warwick	State RI	Zip 02893	City NONE	State NONE	Zip NONE		

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 David DiFilippo			Director Name Gwen Kania				
Street Address 30 Bolfe Square			Street Address 30 Bolfe Square				
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910		
Director Name Mary Watkinson			Director Name NONE				
Street Address 51 Sherman Ave			Street Address NONE				
City Bristol	State RI	Zip 02809	City NONE	State NONE	Zip NONE		

9. The Registered Agent information of record with the RI Department of State is accurate. 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 Marie Gabriel	Date 5/14/21
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Signature of Officer/Authorized Representative

FILED
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