



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Non-Profit Corporation

RECEIVED R.I. DEPT. OF STATE
R.I. DEPT. OF STATE BUS SVCS DIV
BUS SVCS DIV

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

2021 JUL 13 P 2:17
2021 MAY 14 P 1:18

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 No. 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 West 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 Rolfe Square	Street Address 30 Rolfe 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

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

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