



State of Rhode Island

Department of State - Business Services Division

FILED

SEP 07 2021

BY

Annual Report for the year: 2021
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>621601</u>		2. Exact name of the Limited Liability Company <u>Rhode Island Hope, LLC</u>	
3. NAICS Code <u>813410</u>		4. Brief description of the character of business conducted in Rhode Island <u>CVICS EDUCATION THROUGH THE ARTS</u>	
5. State of Formation <u>RI</u>		5. State of Formation <u>ACTIVISM/ADVOCACY</u>	
6. Principal Office Address <u>544 VICTORY HWY</u>		City <u>MAPLEVILLE</u>	State <u>RI</u>
		Zip <u>02839</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>MARY RYAN</u>		Contact Title <u>DIRECTOR</u>	
Street Address <u>544 VICTORY HWY</u>		City <u>MAPLEVILLE</u>	State <u>RI</u>
		Zip <u>02839</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Check the box to indicate an attachment ☐			
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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.			
Name of Authorized Person <u>MARY RYAN</u>		Date <u>9/2/2021</u>	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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