



**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: February 1 - May 1

*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:** 2022

**1. Corporate ID No.** 001697982

**2. Name of Corporation** Spirit of Hope

**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



813110

**4. Principal Office Address**

No. and Street: 21 DEER VIEW RD

City or Town: JOHNSTON

State: RI

Zip: 02919-4943

Country: USA

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

SERVE THE COMMUNITY TO HELP THOSE SUFFERING WITH PHYSICAL,  
PSYCHOLOGICAL AND SPIRITUAL NEEDS

**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LOUIS JOSEPH SPREMULLI	21 DEER VIEW RD JOHNSTON, RI 02919-4943 UNI

DIRECTOR

TEDDY DECARO

32 LANCAIRE STREET  
MANSFIELD, MA 02048 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**

LOUIS JOSEPH SPREMULLI 212 DEER VIEW ROAD JOHNSTON , RI 02919

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

**Signed this 13 Day of February, 2022 at 11:27:19 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 LOUIS SPREMULLI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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