



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation

FILED
MAY 26 2023
EY

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 125325		2. Exact name of the Corporation HOPE CLUB PRESERVATION FUND			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PRESERVE AND MEMORIALIZE THE HISTORY AND ARCHITECTURE OF THE STATE OF RI WITH PARTICULAR REFERENCE TO THE HOPE CLUB IN PROVIDENCE			
4. NAICS Code B13910					
6. Principal Office Address 10 WEYBOSSET STREET, SUITE 1000			City PROVIDENCE	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JASON MARINELLI			Vice-President Name		
Street Address ONE PIERCE COURT			Street Address		
City BARRINGTON	State RI	Zip 02806	City	State	Zip
Secretary Name KAREN KAPLAN			Treasurer Name MICHAEL MARINO		
Street Address 196 BOWEN ST.			Street Address 30 STIMSON AVENUE		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
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 JASON MARINELLI			Director Name MICHAEL MARINO		
Street Address ONE PIERCE COURT			Street Address 30 STIMSON AVENUE		
City BARRINGTON	State RI	Zip 02806	City PROVIDENCE	State RI	Zip 02906
Director Name Karen Kaplan			Director Name		
Street Address 196 Bowen St			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
9. The Registered Agent Information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative JASON MARINELLI					Date 5-21-23
Signature of Officer/Authorized Representative 					

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