



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020  
Non-Profit Corporation

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

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1. Entity ID Number <b>1607207</b>	2. Exact name of the Corporation <b>A HOPE (Americans Helping others Prosper)</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>A Hope is a non-profit organization who helps those who are in need for resettle in RI (Refugees) victims of domestic violence etc.) those who fall behind in paying their monthly expenses (temp) feeding home less.</b>
4. NAICS Code <b>624190</b>	

6. Principal Office Address <b>1233 CHALKSTONE AVE.</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Umer Akbar</b>	Vice-President Name <b>MAYSS BAJBOUJ KINJAWI</b>
Street Address <b>2 BERTRAM ROAD</b>	Street Address <b>68 RAYMOND A- SAMPSON DRIVE</b>
City <b>NORTH ATTLEBORO</b> State <b>MA</b> Zip <b>02760</b>	City <b>NORTH ATTLEBORO</b> State <b>MA</b> Zip <b>02760</b>
Secretary Name <b>FAISSAL ELANSARI</b>	Treasurer Name <b>SAMIR HAFEZ SOULAIMAN</b>
Street Address <b>24 ALABAMA AVE</b>	Street Address <b>1233 CHALKSTONE AVE.</b>
City <b>WARWICK</b> State <b>RI</b> Zip <b>02888</b>	City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02908</b>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment

Director Name <b>UMER AKBAR</b>	Director Name <b>MAYSS BAJBOUJ KINJAWI</b>
Street Address <b>2 BERTRAM ROAD</b>	Street Address <b>68 RAYMOND A- SAMPSON DR.</b>
City <b>NORTH ATTLEBORO</b> State <b>MA</b> Zip <b>02760</b>	City <b>NORTH ATTLEBORO</b> State <b>MA</b> Zip <b>02760</b>
Director Name <b>SALEH FARBA D SARR</b>	Director Name
Street Address <b>4 Birchwood Dr.</b>	Street Address
City <b>Manville</b> State <b>RI</b> Zip <b>02838</b>	City State Zip

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 <b>SAMIR HAFEZ-SOULAIMAN</b>	Date <b>6/05/2023</b>
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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

**JUN 05 2023**  
**BY SWXUG**  
**AA. 12:29 pm.**  
FORM 651- Revised 04/2023