



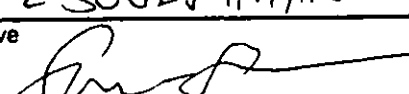
State of Rhode Island
Department of State - Business Services Division

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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2023 JUN -5 P 12: 26

1. Entity ID Number 1667267		2. Exact name of the Corporation A HOPE (Americans Helping Others Prosper)	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island 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.	
4. NAICS Code 624190			
6. Principal Office Address 1233 CHALKSTONE AVE.		City PROVIDENCE	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Umer Akbar		Vice-President Name MAYSS BAJBOUJ KINJAWI	
Street Address 2 BERTRAM ROAD		Street Address 68 RAYMOND A- SAMPSON DRIVE	
City NORTH ATTLEBORO	State MA	City NORTH ATTLEBORO	State MA
Zip 02760		Zip 02760	
Secretary Name FAISSAL ELANSARI		Treasurer Name SAMIR HAFEZ SOULAIMAN	
Street Address 24 ALABAMA AVE		Street Address 1233 CHALKSTONE AVE.	
City WARWICK	State RI	City PROVIDENCE	State RI
Zip 02888		Zip 02908	
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 UMER AKBAR		Director Name MAYSS BAJBOUJ KINJAWI	
Street Address 2 BERTRAM ROAD		Street Address 68 RAYMOND A- SAMPSON DR.	
City NORTH ATTLEBORO	State MA	City NORTH ATTLEBORO	State MA
Zip 02760		Zip 02760	
Director Name SALEH FAIRBA D SARR		Director Name	
Street Address 4 Birchwood Dr.		Street Address	
City Manville	State RI	City	State
Zip 02838		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 SAMIR HAFEZ-SOULAIMAN			Date 6/05/2023
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