



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
Non-Profit Corporation

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R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION

2023 JUN -5 P 12:26

- 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 1607207	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 help those who are in need for resettle in RI (Refugees) victims of domestic v. (ince 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
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7. List ALL officers (names and addresses). Check the box to indicate an attachment

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	Zip 02760	City NORTH ATTLEBORO	State MA	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	Zip 02888	City PROVIDENCE	State RI	Zip 02908

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

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	Zip 02760	City NORTH ATTLEBORO	State MA	Zip 02760
Director Name SALEH FARBA D SARR			Director Name		
Street Address 4 Birchwood Dr.			Street Address		
City Manville	State RI	Zip 02838	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 SAMIR HAFEZ-SOULAIMAN	Date 6/05/2023
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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

FILED
JUN 05 2023
BY S W X Y G AA.
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FORM 631- Revised 04/2023