



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2018  
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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RI DEPT OF STATE  
BUSINESS SERVICES

2023 JUN -5 P 12:26

1. Entity ID Number <b>1667267</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 help 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 homeless.</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>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Umer Akbar</b>		Vice-President Name <b>MAYSS BAJBOU 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>	City <b>NORTH ATTLEBORO</b>	State <b>MA</b>
Zip <b>02760</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>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02885</b>		Zip <b>02908</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>UMER AKBAR</b>		Director Name <b>MAYSS BAJBOU 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>	City <b>NORTH ATTLEBORO</b>	State <b>MA</b>
Zip <b>02760</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>	City	State
Zip <b>02838</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>SAMIR HAFEZ-SOULAIMAN</b>			Date <b>6/05/2023</b>
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](http://www.sos.ri.gov)

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JUN 05 2023  
BY **8WXYG** 12:27 PM  
AA.  
FORM 631- Revised 04/2023