



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023:** 2023

**1. Corporate ID No.** 001657064

**2. Name of Corporation** Esperanca Ja' Hope Now

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

**4. Principal Office Address**

No. and Street: 39 WOOD HOLLOW LN

City or Town: RUMFORD

State: RI Zip: 02916 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

ESPERANCA JA HOPE NOW A MISSION ANCHORED WITH LOVE TO LEAD POSITIVE SOCIAL CHANGE. THE MISSIONS GOAL IS TO ASSIST CABO VERDEANS WHO ARE IN NEED, ESPECIALLY CHILDREN AND DISABLED, BOTH LOCALLY AND GLOBALLY. OUR PURPOSE: ESPERANCA JA HOPE NOWS PURPOSE IS TO PROVIDE LOVE AND SUPPORT WITH THE GOAL OF HOPE BEING FULLY REALIZED. OUR ACTION: TAKING HOLD OF HOPE FOR A BETTER FUTURE FOR THE NEEDY AND AFFLICTED BY PROVIDING SUPPORT AND ENCOURAGEMENT IN THE AREAS OF PHYSICAL, SOCIAL AND EMOTIONAL NEEDS. OUR IMPACT: MOVING FROM RISK TO

RESILIENCE TO ACHIEVE PHYSICAL, SOCIAL AND EMOTIONAL WELL-BEING.  
INSPIRING OTHERS TO HAVE AND GIVE HOPE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LUCY ROSE-CORREIA	39 WOOD HOLLOW LANE RUMFORD, RI 02916 USA
SECRETARY	WENDY MONTERIO	11107 COLLEGE AVE APT. 5 KANSAS CITY, MO 64137 USA
VICE PRESIDENT	GARY ANTHONY CORREIA	54 SWALLOW STREET NEW BEDFORD, MA 02745 USA
OTHER OFFICER	LUCY ROSE	39 WOOD HOLLOW LN RUMFORD, RI 02916 UNI
DIRECTOR	WENDY MONTEIRO	11107 COLLEGE AVE APT. 5 KANSAS CITY, MO 64137 USA
DIRECTOR	GARY CORREIA	54 SWALLOW STREET NEW BEDFORD, MA 02745 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LUCY ROSE-CORREIA 39 WOOD HOLLOW LANE RUMFORD , RI 02916

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 13 Day of July, 2023 at 9:29:10 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LUCY ROSE-CORREIA  
Signature of Authorized Person