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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

RECEIVED
R.I. DEPT. OF STATE
BUS SYCS DIV

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

1022 AUG 17 10 3: 10

				2023 AUG 1 1	<u> </u>	
1 Entity ID Number	2. Exact name of the Corporation					
. 173431	HOPE OUTREACH					
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI RI	WE help with MENTAL HEAlth AND with					
4 NAICS Code	Minorities building their business and					
624190 FINANCIAL STABILITY						
6. Principal Office Address			City	State	Zip	
46 Arch St suite 3			Providence	RI	02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name ENC SNEAD			Vice-President Name			
Street Address 46 Arch St			Street Address			
City ProJ	State	02907	City	State	Zip	
Scoretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	Crty	Stale	Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment.						
Director Name Eric SNEAD			Director Name Thomas Garnetto			
Street Address 46 Box h St			Street Address 86 G 9 1100 94			
City Providence	State RI	^z °02907	c _{in} >m√	State	82905	
Drector Name Kenneth Tucker			Orector Name			
Street Address 16 90 BNANT AVE			Street Address			
CIT BONX	State	zo/0461)	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			P FILED 310 Date 8-12-33			
LZIC J SNEAD			Po Here y	8-17	1-23	
Signature of Officer/Authorized Replesentative AUG 1 7 2023						
1-7-1/-/-			BY 05/244			

mat. 10: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov