State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 OCT -4 P 3:50

1. Entity ID Number: 001738424	2. Exact name of the Corporation: Hope For the Future
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Hope for the future Envisions a world in which the most vulnerable people will have the power to lift themselves out of poverty and create healthy vital lives for their families and the communities.
4. NAICS Code: 624190	

6. Principal Office Address	City	State	Zip
193 Sabin Street	Pawtucket	RI	02860

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Alexander B. Zeansoe			Vice-President Name: Abraham K. Kpomah		
Street Address: 193 Sabin Street			Street Address: Monrovia Liberia		
City: Pawtucket	State: RI	Zip: 02860	City: St. Paul/Bridge	State: Montserrado County	Zip:
Secretary Name: Alexandra Douglas			Treasurer Name: Alexandra Douglas		
Street Address: 21 Park RD			Street Address: 21 Park RD		
City: Hamden	State: CT	Zip: 06517	City: Hamden	State: CT	Zip: 06517

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.

Check the box to indicate an attachment ☐

Director Name: Alexander Zean			Director Name: Alexandra Douglas		
Street Address: 193 Sabin			Street Address: 21 Park RD		
City: Pawtucket	State: RI	Zip: 02860	City: Hamden	State: CT	Zip: 06517
Director Name: Prince Miller			Director Name:		
Street Address: 28 Everly Street			Street Address:		
City: Cranston	State: RI	Zip: 02920	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	Date
Alexander B. Zean	10/04/23

Signature of Officer/Authorized Representative: [signature]

FILED
OCT 04 2023 3:51pm
BY LKS KD HKH

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised 04/2023