



**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 YEAR 2024: 2024**

**1. Corporate ID No.** 001693270

**2. Name of Corporation** Hope Recovery Network, Inc.

**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  
621498

**4. Principal Office Address**

No. and Street: 8 NICOLE LANE  
City or Town: JOHNSTON State: RI Zip: 02910 Country: USA

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

PROVIDER OF SOBER LIVING FOR RECOVERING ADDICTS AND ALCHOLICS

**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
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SECRETARY	DEREK J THERIEN	483 STEERE FARM ROAD HARRISVILLE, RI 02830 USA
DIRECTOR	GIANA SIVO	8 NICOLE LANE JOHNSTON, RI 02919 USA
DIRECTOR	DEREK J THERIEN	483 STEERE FARM ROAD HARRISVILLE, RI 02830 USA
DIRECTOR	FRANCESCA LABBADIA	8 NICOLE LANE JOHNSTON, RI 02919 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**

FRANCESCA LABBADIA 8 NICOLE LANE JOHNSTON , RI 02919

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

**Signed this 2 Day of February, 2024 at 11:17:38 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 DEREK THERIEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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