



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. 001697982

2. Name of Corporation Spirit of Hope

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

813110

4. Principal Office Address

No. and Street: 21 DEER VIEW ROAD

City or Town: JOHNSTON

State: RI Zip: 02919 Country: USA

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

SERVE THE COMMUNITY TO HELP THOSE SUFFERING WITH PHYSICAL,
PSYCHOLOGICAL AND SPIRITUAL NEEDS

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	LOUIS JOSEPH SPREMULLI	21 DEER VIEW RD JOHNSTON, RI 02919-4943 UNI
TREASURER	CARLA M SPRERMULLI	21 DEER VIEW ROAD JOHNSTON, RI 02919 USA
DIRECTOR	LISA RICCI	18 SPUR ROAD FOSTER, RI 02825 USA
DIRECTOR	FRANK DIMAIO	25 ASHBY STREET JOHNSTON, RI 02919 USA
DIRECTOR	JEAN DIREZZO	8 SOPHIA STREET PROVIDENCE, RI 02909 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

LOUIS JOSEPH SPREMULLI 21 DEER VIEW ROAD 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 13 Day of February, 2024 at 12:15:40 PM 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 LOUIS J. SPREMULLI
Signature of Authorized Person

Form No. 631
Revised 09/07

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