RI SOS Filing Number: 202446977100 Date: 2/20/2024 4:00:00 PM

State of Rhode Island Department of Sta		Services Div	vision	FILED :	STAMP	,			
Annual Report for the year:	0024	<u></u>	F	EB 2 0-2024	• • • • • • • • • • • • • • • • • • •	_			
Non-Profit Corporation	- A U V - I	<u>' </u>	•		10 G.G.S.C	<u>.</u>).			
→ Filing period: February 1 - May 1 → Filing Fee: \$20.00			₿′	Y					
-> Penalty: Additional \$25.00 fee if	form is not filed by Ma	y 31.							
1. Entity ID Number	2. Exact name of th	e Corporation	1.6	1					
000026528		tope C		As A					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island								
K I	Enacted by the General Assembly January								
4. NAICS Code	session of 1876 as a social club								
813319					-				
6. Principal Office Address			City	State	Zip	/			
6 Benevolent 3	Street		Providence	KI	02	906			
	7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Robert Q.	Flanders	Tc.	Vice-President Name Sally	P. MCE	onald				
Street Address 183 Pine Glen	Drive		Street Address 185 AIL	sert Avei	nue				
East Breenwich	State RI Z	02818	City Cranston	State		1905			
Secretary Name Tustin			Treasurer Name Michael	F. Done					
Street Address 119 Columb	ia Avenue	;		1 AVE. OL					
City Cranston		62905	City Warwick	State	- Zip	888			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment									
Director Name Jerauld Adams			Director Name Karen Kaplan						
Street Address	4 Road		Street Address 196 Bo	wen str	eet				
City Barrington		02806	City Providence	State R	I Zip	2906			
Director Name Jason M	Director Name Charles	V. O'Bou	sle						
Street Address 1 pierce	Court	· 	Street Address 305 Br.	soll Stre	opt	_			
city Barrington	State RIZ	02806	city providence	State R.	I Zip	2906			
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 Repres	sentative G. Flandi	lars, Jr.	President	Date 2)U	1 24				
Signature of Officer/Authorized Rep		人/	,		- 				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

2024 Annual Report

Hope Club

Entitity ID

000026528

Continued

	Director's Name	Street	City	State	Zip
Director	Baruch Sachs	58 Sayles Avenue	Pawtucket	RI	2860
Director	Matthew Plain	8 Gladridge Drive	East Greenwich	RI	2818
Director	Stanley Weiss	212 Fourth Street	Providence	RI	02906