



**State of Rhode Island
Department of State - Business Services Division**

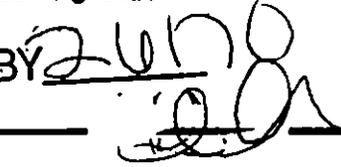
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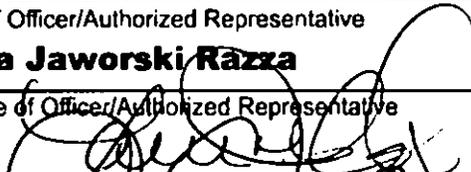
MAR 07 2024

Annual Report for the year: 2024

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.

BY 

1. Entity ID Number 000056774		2. Exact name of the Corporation House of Hope Community Development Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Community Development Corporation that provides affordable housing, shelters, and services to the homeless population			
4. NAICS Code 624229					
6. Principal Office Address 3188 Post Road			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julia Noguchi			Vice-President Name Jordan Day		
Street Address 210 Pleasant Street			Street Address 184 Glenbridge Avenue, Floor 2		
City Rumford	State RI	Zip 02916	City Providence	State RI	Zip 02909
Secretary Name Kelsey Lima			Treasurer Name		
Street Address 40 Becker Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Laura Jaworski			Director Name William Stein		
Street Address 51 Bishop Avenue			Street Address 83 Vincent Avenue		
City East Providence	State RI	Zip 02916	City North Providence	State RI	Zip 02904
Director Name Sara Melucci			Director Name		
Street Address 118 Moore St.			Street Address		
City Providence	State RI	Zip 02907	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Laura Jaworski/Razza				Date 3/20/2024	
Signature of Officer/Authorized Representative 					

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