



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 13 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 001709156 | | 2. Exact name of the Corporation Glimmer of Hope Foundation | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Donation of bald dolls to pediatric cancer patients, help families with medical grants and meals, care packages and bereavement packages, provide photoshoot opportunities for pediatric cancer patients | | | |
| 4. NAICS Code 813219 | | | | | |
| 6. Principal Office Address 10 Gateway Road | | | City North Kingstown | State RI | Zip 02852 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Alison Hornung | | | Vice-President Name | | |
| Street Address 10 Gateway Road | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | City | State | Zip |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 Deborah Hornung | | | Director Name Reilly Cardella | | |
| Street Address 10 Gateway Road | | | Street Address 5377 Post Oak Blvd | | |
| City North Kingstown | State RI | Zip 02852 | City Wesley Chapel | State FL | Zip 33544 |
| Director Name Lisa Egan | | | Director Name | | |
| Street Address 65 Oaklawn Ave | | | 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. | | | | | |
| <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 Deborah K Hornung | | | | Date 3/11/2024 | |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:

Division of Business Services
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