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State of Rhode Island
Department of State - Business Services Division

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.

1. Entity ID Number	2. Exact name of the Corporation
148607	HAiti charity hope
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: organization religious educational charitable a community in haiti
4. NAICS Code: 813311	

6. Principal Office Address	City	State	Zip
P.O BOX 114136	North Providence	RI	02911

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Gabriel Marie	Jack Hunley JR
Street Address: 158 west Shore	Street Address: 68 Farum Pike
City: West Warwick / State: RI / Zip: 02893	City: Smithfield / State: RI / Zip: 02917
Secretary Name: Jenny Gabriel	**Treasurer Name:** none
Street Address:	Street Address: none
City: / State: / Zip:	City: non / State: / Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
David Dyfilippo	Gwen Kania
Street Address: 30 Rolfe square	Street Address: 30 Rolfe Square
City: Cranston / State: RI / Zip: 02909	City: Cranston / State: RI / Zip: 02910
Director Name: Mary Watkinson	**Director Name:**
Street Address: 51 Sherman AVE	Street Address:
City: Bristol / State: RI / Zip: 02809	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.

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 Representative	Date
Marie Gabriel	03-14-24

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

FILED
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MAR 14 2024
BY ML RCE94

FORM 631- Revised: 04/2023