



**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.** 001757504

**2. Name of Corporation** Ray of Hope - End the Stigma and Shame of Addiction

**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

813319

**4. Principal Office Address**

No. and Street: 1 HIGHLAND AVE

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

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

RAY OF HOPE - END THE STIGMA AND SHAME OF ADDICTION MISSION IS TO  
CONNECT  
INDIVIDUALS BATTLING SUBSTANCE USE DISORDERS TO TREATMENT AND  
SERVICES AND  
PROVIDE EDUCATION AND AWARENESS OF THE DISEASE OF ADDICTION. OUR  
FOCUS WILL BE  
WORKING WITHIN WESTERLY, RI AND SURROUNDING COMMUNITIES TO HELP  
STRENGTHEN

**AWARENESS OF EXISTING SERVICES, WHILE WORKING TOGETHER TO IDENTIFY SERVICES THAT ARE STILL NEEDED.**

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	DANIELLE OLIVIER-ZIMMERMAN	1 HIGHLAND AVE WESTERLY, RI 02891 USA
DIRECTOR	DANIELLE OLIVIER-ZIMMERMAN	1 HIGHLAND AVE WESTERLY, RI 02891 USA
DIRECTOR	RYAN PAUL ZIMMERMAN	1 HIGHLAND AVE WESTERLY, RI 02891 USA
DIRECTOR	NICOLLE SHELTON	3 BENEFIT STREET WESTERLY, RI 02891 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**

DANIELLE OLIVIER-ZIMMERMAN 1 HIGHLAND AVE WESTERLY , RI 02891

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of April, 2024 at 1:14:33 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 DANIELLE OLIVIER-ZIMMERMAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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