



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.

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1. Entity ID Number 001726934		2. Exact name of the Corporation Hope Rising			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide artistic and cultural programs that engage , educate and empower resettled refugees living in Rhode Island			
4. NAICS Code 813311					
6. Principal Office Address 8 Stanton Avenue			City Narragansett	State RI	Zip 02882
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Abigail Blum			Vice-President Name Same as President		
Street Address 8 Stanton Avenue			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name Same as President			Treasurer Name Same as President		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Abigail Blum			Director Name Jennifer Graf		
Street Address 8 Stanton Avenue			Street Address 1709 Wyndham Road		
City Narragansett	State RI	Zip 02882	City Camphill	State PA	Zip 17011
Director Name Jacqueline Kotkin			Director Name		
Street Address 25 Oceanwoods Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <b>Abigail Blum , President</b>				Date 4-18-24	
Signature of Officer/Authorized Representative 					

MAIL TO:  
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