



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 001734727		2. Exact name of the Corporation Hope Scholars Initiative, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Hope Scholars Initiative is a youth development program in RI committed to validating hip hop culture as a viable and integral part of students' academic experience.			
4. NAICS Code 624110					
6. Principal Office Address 734 Mount Pleasant Ave		City Providence		State RI	Zip 02908
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Harrison Grigsby			Vice-President Name		
Street Address 734 Mount Pleasant Ave			Street Address		
City Providence	State RI	Zip 02908	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 Olufemi Menawonu			Director Name Amanda Monaghan		
Street Address 3980 9th Avenue			Street Address 161 Anthony Street		
City San Diego	State CA	Zip 92103	City East Providence	State RI	Zip 02914
Director Name Isaiah Davis			Director Name Harrison Grigsby		
Street Address 56 Barber Road			Street Address same as above		
City Framingham	State MA	Zip 01702	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 Harrison Grigsby				Date 8/26/24	
Signature of Officer/Authorized Representative Harrison Grigsby				FILED	

AUG 26 2024

BY **NE041**
APL

MAIL TO:
Division of Business Services
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