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 2025: 2025

1. Corporate ID No. 001693270

2. Name of Corporation Hope Recovery Network, Inc.

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
621498

4. Principal Office Address

No. and Street: 8 NICOLE LANE
City or Town: JOHNSTON State: RI Zip: 02910 Country: USA

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

PROVIDER OF SOBER LIVING FOR RECOVERING ADDICTS AND ALCHOLICS

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

SECRETARY	DEREK J THERIEN	483 STEERE FARM ROAD HARRISVILLE, RI 02830 USA
SECRETARY	DEREK J THERIEN	483 STEERE FARM ROAD HARRISVILLE, RI 02830 UNI
DIRECTOR	GIANA SIVO	8 NICOLE LANE JOHNSTON, RI 02919 USA
DIRECTOR	DEREK J THERIEN	483 STEERE FARM ROAD HARRISVILLE, RI 02830 USA
DIRECTOR	FRANCESCA LABBADIA	8 NICOLE LANE JOHNSTON, RI 02919 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

FRANCESCA LABBADIA 8 NICOLE LANE JOHNSTON , RI 02919

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

Signed this 3 Day of February, 2025 at 3:09:38 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 DEREK THERIEN
Signature of Authorized Person

Form No. 631
Revised 09/07