State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Business Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001769384

2. Name of Corporation Bridge of Hope Center Inc

3. Street Address Principal Business Office:

No. and Street: 770 NORTH MAIN ST
City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

4. Business Phone No.

4015489716

5. State of Incorporation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

623220

6. Brief Description of the Character of Business Conducted in Rhode Island

BRIDGE OF HOPE CENTER IS A LEVEL 4 RECOVERY HOUSING FACILITY LOCATED IN
RHODE ISLAND, DEDICATED TO SUPPORTING INDIVIDUALS IN THEIR JOURNEY TO
RECOVERY FROM SUBSTANCE USE DISORDERS. WE PROVIDE A COMPREHENSIVE RANGE OF
SERVICES, INCLUDING INDIVIDUAL, GROUP, AND FAMILY COUNSELING, AS WELL

AS
MEDICATION MANAGEMENT, ALL TAILORED TO MEET THE UNIQUE NEEDS OF OUR
RESIDENTS. OUR MISSION IS TO CREATE A SAFE AND SUPPORTIVE ENVIRONMENT WHERE
INDIVIDUALS CAN FOCUS ON HEALING AND REBUILDING THEIR LIVES.

IN ADDITION TO CLINICAL SERVICES, WE ASSIST OUR RESIDENTS IN TRANSITIONING
TO INDEPENDENT LIVING BY EQUIPPING THEM WITH THE NECESSARY SKILLS, RESOURCES, AND EMOTIONAL SUPPORT TO LIVE SELF-SUFFICIENT, FULFILLING LIVES.
THROUGH A COLLABORATIVE, CLIENT-CENTERED APPROACH, BRIDGE OF HOPE CENTER
AIMS TO EMPOWER INDIVIDUALS TO ACHIEVE LASTING RECOVERY AND REINTEGRATE
SUCCESSFULLY INTO THE COMMUNITY.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	**Individual Name** First, Middle, Last, Suffix	**Address** Address, City or Town, State, Zip Code, Country
PRESIDENT	YOLANDA JONES	38 BAYONNE AVE WARWICK, RI 02889 USA
INCORPORATOR	YOLANDA JONES	38 BAYONNE AVE WARWICK, RI 02889 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
STK		$0.0100	100.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 5 Day of March, 2025 at 8:49:42 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in*

compliance with R.I. Gen. Laws § 7-1.2.

By YOLANDA JONES
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07