RI SOS Filing Number: 202570637460 Date: 4/11/2025 4:00:00 PM



State of Rhode Island

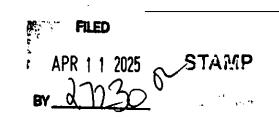
Department of State - Business Services Division

Annual Report for the year: 2025

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.					
1. Entity ID Number 000056774	Exact name of the Corporation House of Hope Community Development Corporation				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Community Development Corporation that provides affordable housing,				
4. NAICS Code	shelters, and services to the homeless population				
624229					
6. Principal Office Address			City	State	Zip
3188 Post Road			Warwick	RI	02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Jordan Day			Vice-President Name Curtis Pouliot-Alvarez		
Street Address 184 Glenbridge Avenue, Floor 2			Street Address 36 Bolton Street		
^{City} Providence	State RI	^{Zıp} 02909	City Providence	State RI	^{Zip} 02908
Secretary Name Kelsey Lima			Treasurer Name		
Street Address 40 Becker Avenue			Street Address		
^{City} Riverside	State RI	^{Zip} 02915	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					
Director Name Laura Jaworski			Director Name William Stein		
Street Address 51 Bishop Avenue			Street Address 83 Vincent Avenue		
City East Providence	State RI	^{Zip} 02916	^{City} North Providence	State RI	Zip U29U4
Director Name Jordan Day			Director Name		
Street Address 184 Glenbride F12			Street Address		
City ROD	State	ZIP 02909	City	Stale	Zıp
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				Date	
Laura Jaworski				03/10/2025	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov