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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS

2025 APR 18 P 2:46

1. Entity ID Number	2. Exact name of the Corporation
000794424	Hearts With Hope, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To raise money for the benefit of Woonsocket High School Alumni and/or their immediate families who have suffered a catastrophic life event.
4. NAICS Code: 813219	

6. Principal Office Address	City	State	Zip
28 Warren Avenue	Johnston	RI	02919

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jennifer Wholey			Vice-President Name: Crystal Slobogan		
Street Address: 28 Warren Avenue			Street Address: 39 Louise Street		
City: Johnston	State: RI	Zip: 02919	City: Woonsocket	State: RI	Zip: 02895
Secretary Name: Kimberly Kamer-Riel			Treasurer Name: Cheryl Pincince		
Street Address: 103 Follett Street			Street Address: 510 East Central Street		
City: North Smithfield	State: RI	Zip: 02896	City: Franklin	State: MA	Zip: 02038

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Gail Wholey			Director Name: Ricki Chevalier		
Street Address: 126 Morin Street			Street Address: PO Box 2012		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895
Director Name: Stacy Beane			Director Name: Melissa Barry		
Street Address: PO Box 166			Street Address: 212 Grove Street		
City: Albion	State: RI	Zip: 02802	City: Woonsocket	State: RI	Zip: 02895

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
Cheryl-Ann Pincince	**2/25/2025**

Signature of Officer/Authorized Representative: Cheryl-Ann Pincince

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 2:55
APR 18 2025
BY JCH

FORM 631- Revised 12/2023