



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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2025 APR 18 P 3:45

1. Entity ID Number 000794424		2. Exact name of the Corporation 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 118 Crestwood Court		City Cumberland	State RI Zip 02864
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 VACANT		Treasurer Name Cheryl Pincince	
Street Address		Street Address 510 East Central Street	
City	State Zip	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 302 Burnside Avenue	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Cheryl-Ann Pincince			Date 1/13/2025
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

FILED

APR 18 2025

BY **JSCH**
ex

FORM 631- Revised: 12/2023