



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

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

2025 APR 18 P 2:45

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STATE SECRETARY
CORPORATIONS

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 <input type="checkbox"/>					
President Name Jennifer Wholey			Vice-President Name VACANT		
Street Address 28 Warren Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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 <input type="checkbox"/>					
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 Patrick Daignault			Director Name		
Street Address 1699 Victory Highway			Street Address		
City Glendale	State RI	Zip 02826	City	State	Zip
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

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BY

FORM 631- Revised: 12/2023