



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

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R.I. DEPT. OF STATE
BUS. SERVICES

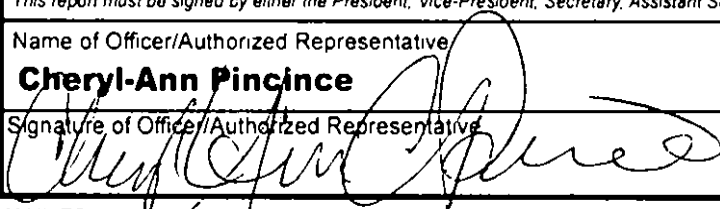
→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

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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). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
President Name Katherine Heroux		Vice-President Name Jennifer Wholey	
Street Address 147 Louise Street		Street Address 28 Warren Avenue	
City Woonsocket	State RI	Zip 02895	City Johnston State RI Zip 02919
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 Brian K Beausoleil		Director Name Patrick Daignault	
Street Address 12 Federal Street		Street Address 1699 Victory Highway	
City Blackstone	State MA	Zip 01504	City Glendale State RI Zip 02040
Director Name Cherie Stabile		Director Name	
Street Address 302 Burnside Avenue		Street Address	
City Woonsocket	State RI	Zip 02895	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 			
FILED			

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

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BY JCTR

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FORM 631- Revised: 12/2023