State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Non-Profit Corporation

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→ 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	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
118 Crestwood Court	Cumberland	RI	02864

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

President Name: Renee Rioux			Vice-President Name: VACANT		
Street Address: 61 Urico Avenue			Street Address:		
City: North Smithfield	State: RI	Zip: 02896	City:	State:	Zip:
Secretary Name: Katherine Heroux			Treasurer Name: Cheryl Pincince		
Street Address: 147 Louise Street			Street Address: 510 East Central Street		
City: Woonsocket	State: RI	Zip: 02895	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: Arthur			Director Name: Alexia Heroux		
Street Address: 7 Jenks Road			Street Address: 147 Louise Street		
City: Cumberland	State: RI	Zip: 02864	City: Woonsocket	State: RI	Zip: 02895
Director Name: Mike Heroux			Director Name: Dan Tvaroha		
Street Address: 147 Louise Street			Street Address: 90 Prospect Street		
City: Woonsocket	State: RI	Zip: 02895	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	**1/13/2025**

Signature of Officer/Authorized Representative

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BY JJC

MAIL TO:
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