



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2019
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 2025 APR 18 2 2:45

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R.I. DEPT. OF STATE
BUS SVCS DIV

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 02064
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 Fluette			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.					
<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

FORM 631- Revised: 12/2023