



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001711666

2. Name of Corporation Operation HOPE Inc.

3. State of Incorporation

State: CA

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

611699

4. Principal Office Address

No. and Street: 191 PEACHTREE STREET, NE

SUITE 3840

City or Town: ATLANTA

State: GA Zip: 30303 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PROVIDE FINANCIAL DIGNITY EDUCATION AND ECONOMIC EMPOWERMENT PROGRAMS

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN BRYANT	191 PEACHTREE STREET, STE 3840 ATLANTA, GA 30303 USA
SECRETARY	RACHAEL DOFF	191 PEACHTREE STREET, STE 3840 ATLANTA, GA 30303 USA
CFO, TREASURER	BRIAN BETTS	191 PEACHTREE STREET, STE 3840 ATLANTA, GA 30303 USA
DIRECTOR	BRYAN JORDAN	191 PEACHTREE STREET, STE 3840 ATLANTA, GA 30303 USA
DIRECTOR	TIM WELSH	191 PEACHTREE STREET, STE 3840 ATLANTA, GA 30303 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 23 Day of April, 2025 at 2:33:41 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BRIAN BETTS
Signature of Authorized Person

Form No. 631
Revised 09/07

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