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State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025..

## 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.

1. Entity ID Number <b>1695262</b>		2. Exact name of the Corporation <b>GIVE HOPE MINISTRIES INC</b>		
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island The organization engages in charitable and humanitarian activities by providing a range of social, economic, and cultural services, including scientific and spiritual programs, to enhance the quality of life for people.		
4. NAICS Code <b>624150</b>				
6. Principal Office Address <b>10 Wendi Dr.</b>		City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <b>SAMUEL ASARE</b>		Vice-President Name <b>ELLEN P. WEBLEY</b>		
Street Address <b>10 WENDI DR</b>		Street Address <b>10 WENDI DR</b>		
City <b>NORTH</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>NORTH</b>	State <b>RI</b> Zip <b>02911</b>
Secretary Name <b>ELLEN P. WEBLEY</b>		Treasurer Name <b>FRANCISCA ASARE</b>		
Street Address <b>10 WENDI DR</b>		Street Address <b>10 WENDI DR</b>		
City <b>N.PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>N. PROVIDENCE</b>	State <b>RI</b> Zip <b>02911</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <b>SAMUEL ASARE</b>		Director Name <b>ELLEN P. WEBLEY</b>		
Street Address <b>10 WENDI DR</b>		Street Address <b>10 WENDI DR</b>		
City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>N. PROVIDENCE</b>	State <b>RI</b> Zip <b>02911</b>
Director Name <b>FRANCISCA ASARE</b>		Director Name <b>CHUCK GILBERT</b>		
Street Address <b>10 WENDI DR</b>		Street Address <b>44 DAVIS CIRCLE</b>		
City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>WARWICK</b>	State <b>RI</b> Zip <b>02886</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.				
<b>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.</b>				
<small>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>				
Name of Officer/Authorized Representative <b>SAMUEL ASARE</b>			Date <b>JUNE 4, 2025</b>	
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 **GIFAS**  
FORM 631 - Revised 12/2024  
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