



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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

REC'D RIDOS BSD
25 JUN 4 PM 2:15:27

1 Entity ID Number 1695262		2 Exact name of the Corporation GIVE HOPE MINISTRIES INC	
3 State of Incorporation RHODE ISLAND		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 624190			
6 Principal Office Address 10 Wendi Dr.		City North Providence	State RI
		Zip 02911	
7 List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name SAMUEL ASARE		Vice-President Name ELLEN P. WEBLEY	
Street Address 10 WENDI DR		Street Address 10 WENDI DR	
City N. PROVIDENCE	State RI	City N. PROVIDENCE	State RI
Zip 02911		Zip 02911	
Secretary Name ELLEN P. WEBLEY		Treasurer Name FRANCISCA ASARE	
Street Address 10 WENDI DR		Street Address 10 WENDI DR	
City N. PROVIDENCE	State RI	City N. PROVIDENCE	State RI
Zip 02911		Zip 02911	
8 List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors Check the box to indicate an attachment: <input type="checkbox"/>			
Director Name SAMUEL ASARE		Director Name ELLEN P. WEBLEY	
Street Address 10 WENDI DR		Street Address 10 WENDI DR	
City N. PROVIDENCE	State RI	City N. PROVIDENCE	State RI
Zip 02911		Zip 02911	
Director Name FRANCISCA ASARE		Director Name CHUCK GILBERT	
Street Address 10 WENDI DR		Street Address 44 DAVIS CIRCLE	
City N. PROVIDENCE	State RI	City WARWICK	State RI
Zip 02911		Zip 02886	
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 SAMUEL ASARE		Date JUNE 4, 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

FORM 631- Revised 12/2023

FILED

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