



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2023

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 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 624150					
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 NORTH	State RI	Zip 02911	City NORTH	State RI	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	Zip 02911	City N. PROVIDENCE	State RI	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	Zip 02911	City N. PROVIDENCE	State RI	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	Zip 02911	City WARWICK	State RI	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 					

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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