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	2. Exact name of the Corporation
1695262	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	City	State	Zip
10 Wendi Dr.	North Providence	RI	02911

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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.

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

Name of Officer/Authorized Representative	Date
SAMUEL ASARE	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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