RI SOS Filing Number: 202576263500 Date: 6/25/2025 11:23:00 AM



# 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

Non-Profit Corporation
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**: <u>2025</u>

- 1. Corporate ID No. <u>001769350</u>
- 2. Name of Corporation Hands Of Hope Foundation
- 3. State of Incorporation

State: RI

## **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 <u>click here.</u>

NAICS Code

<u>813219</u>

### 4. Principal Office Address

No. and Street: 119 AQUIDNECK AVE

City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA

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

<u>AT HANDS OF HOPE FOUNDATION, OUR MISSION IS TO EXTEND A</u> COMPASSIONATE HAND

TO THOSE IN NEED WITHIN OUR COMMUNITY. WE ARE DEDICATED TO FOSTERING

POSITIVE CHANGE BY PROVIDING ESSENTIAL SUPPORT, RESOURCES, AND OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES FACING CHALLENGES. THROUGH OUR

<u>UNWAVERING COMMITMENT TO SERVICE, WE AIM TO UPLIFT AND EMPOWER</u>

INDIVIDUALS,

PROMOTE INCLUSIVITY, AND CULTIVATE A STRONGER, MORE RESILIENT COMMUNITY

WHERE EVERYONE HAS THE CHANCE TO THRIVE. TOGETHER, WE BELIEVE IN BUILDING A

BRIGHTER FUTURE FILLED WITH HOPE, DIGNITY, AND OPPORTUNITIES FOR ALL.

#### 6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

| Title         | Individual Name<br>First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |  |
|---------------|--|---|--|
| INCORPORATOR  | MELODY MULCAHEY                                | 119 AQUIDNECK AVE<br>MIDDLETOWN, RI 02842 USA           |  |
| OTHER OFFICER | MELODY MULCAHEY                                | 119 AQUIDNECK AVE<br>MIDDLETOWN, RI 02842 USA           |  |
| DIRECTOR      | MELODY MULCAHEY                                | 119 AQUIDNECK AVE<br>MIDDLETOWN , RI 02842 USA          |  |
| DIRECTOR      | LIZZ KRUGER                                    | 806 GREENVILLE AVE<br>JOHNSTON, RI 02919 USA            |  |
| DIRECTOR      | AMY BENNETT                                    | 989 HARTFORD AVE<br>JOHNSTON, RI 02919 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

MELODY MULCAHEY 119 AQUIDNECK AVE MIDDLETOWN, RI 02842

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

**Signed this 25 Day of June, 2025 at 11:31:15 AM 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 MELODY MULCAHEY

Signature of Authorized Person

Form No. 631 Revised 09/07

| All Rights Reserve | i |  |  |
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