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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	2. Exact name of the Corporation
001777056	Harbor of Hope Foundation
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Our mission is to empower students and parents from underserved communities through educational support, professional development, leadership programs and other programs, aiming to foster academic success, career readiness & community engagement
4. NAICS Code	
611110	

6. Principal Office Address	City	State	Zip
100 East Ave	Pawtucket	RI	02860

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

President Name: Craig Baker			Vice-President Name: Mariza Lopes		
Street Address: 100 East Ave			Street Address: 100 EAST AVE		
City: Pawtucket	State: RI	Zip: 02860	City: PAWTUCKET	State: RI	Zip: 02860
Secretary Name: LeeAnne Lima			Treasurer Name: Jim Vincent		
Street Address: 59 Madison St			Street Address: 577 Sciatuate Avenue		
City: Pawtucket	State: RI	Zip: 02861	City: Cranston	State: RI	Zip: 02921

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Crisolita Figueiredo			Director Name: David Brito		
Street Address: 59 Madison St			Street Address: 59 Madison St		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861
Director Name: Sebastian Brito			Director Name:		
Street Address: 150 Woodbury St			Street Address:		
City: Pawtucket	State: RI	Zip: 02861	City:	State:	Zip:

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
Crisolita Figueiredo	07/02/2025

Signature of Officer/Authorized Representative: Crisolita Figueiredo

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUL 02 2025
BY WHCGY

FORM 631- Revised 12/2023