



State of Rhode Island
Department of State - Business Services Division

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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 001777056		2. Exact name of the Corporation Harbor of Hope Foundation	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in 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 engagement	
4. NAICS Code 611110			
6. Principal Office Address 100 East Ave		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Craig Baker		Vice-President Name Mariza Lopez	
Street Address 100 East Ave		Street Address 100 EAST AVE	
City Pawtucket	State RI	City PAWTUCKET	State RI
Zip 02860		Zip 02860	
Secretary Name Jeanne Lima		Treasurer Name Jim Vincent	
Street Address 59 Madison St		Street Address 577 Sciattuck Avenue	
City Pawtucket	State RI	City Cranston	State RI
Zip 02861		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	City Pawtucket	State RI
Zip 02861		Zip 02861	
Director Name Sebastian Brito		Director Name	
Street Address 150 Woodbury St		Street Address	
City Pawtucket	State RI	City	State
Zip 02861		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 Crisolita Figueiredo			Date 07/02/2025
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

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