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.

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1. Entity ID Number	2. Exact name of the Corporation
001726934	Hope Rising
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To provide artistic and cultural programs that engage, educate, and empower resettled refugees living in Rhode Island
4. NAICS Code: 813311	

6. Principal Office Address	City	State	Zip
8 Stanton Ave	Narragansett	RI	02882

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

President Name: Abigail Blum			Vice-President Name: Same as President		
Street Address: 8 Stanton Ave			Street Address:		
City: Narragansett	State: RI	Zip: 02882	City:	State:	Zip:
Secretary Name:			Treasurer Name: Same as President		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

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

Director Name: Abigail Blum			Director Name: Jennifer Graf		
Street Address: 8 Stanton Ave			Street Address: 1709 Wyndham Road		
City: Narragansett	State: RI	Zip: 02882	City: Camp Hill	State: PA	Zip: 17011
Director Name: Jacqueline Kotkin			Director Name:		
Street Address: 25 Oceanwoods Drive			Street Address:		
City: North Kingstown	State: RI	Zip: 02852	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
Abigail L. Blum, President	**7-20-25**

Signature of Officer/Authorized Representative: Abigail L Blum

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AUG 01 2025
BY 1589

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