RI SOS Filing Number: 202577549180 Date: 8/6/2025 12:32:00 PM

State of Rhode Island
Department of State - Business Services Division

STAMP

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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2025 AUG -6 P 12:26

1. Entity ID Number	2. Exact name of the Corporation
001676420	Rhode Island Homeless Advocacy Project
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Self advocacy organization dedicated to ending homelessness in Rhode Island and meeting the needs of those experiencing homelessness
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
236 Gleaner Chapel Road	North Scituate	RI	02857

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

President Name	Vice-President Name / Director Name	Secretary Name	Treasurer Name
Eric Hirsch	Phyllis Stafford	John T. Ellis	Nancy Kuhe
Street Address: 236 Gleaner Chapel Road	Street Address: 50 Randall Street #86	Street Address: 393 Waites Corner Road	Street Address: 332 Chatham Circle
City: North Scituate, State: RI, Zip: 02857	City: Providence, State: RI, Zip: 02857	City: West Kingston, State: RI, Zip: 02892	City: Warwick, State: RI, Zip: 02886

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

Director Name	Street Address	City	State	Zip
Vivian Sutherland	26 Bainbridge Ave.	Providence	RI	02909
Molly Richard	33 Adamstone Road	Riverside	RI	02915
Peter Nightengale	52 Nichols Road	Kingston	RI	02881
Director Name	Street Address	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
Eric Hirsch	7/15/25

Signature of Officer/Authorized Representative: E. Hirsch

FILED
AUG 6 2025
BY USVX2
12132

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

FORM 631- Revised 12/2023