



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.

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2025 AUG -6 12:26

1. Entity ID Number 001676420		2. Exact name of the Corporation 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 236 Gleaner Chapel Road		City North Scituate	State RI
		Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Eric Hirsch		Vice-President Name Phyllis Stafford	
Street Address 236 Gleaner Chapel Road		Street Address 50 Randall Street #86	
City North Scituate	State RI	City Providence	State RI
Zip 02857		Zip 02857	
Secretary Name John T. Ellis		Treasurer Name Nancy Krue	
Street Address 393 Waiter Corner Road		Street Address 332 Chatham Circle	
City West Kingston	State RI	City Warwick	State RI
Zip 02892		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 Vivian Sutherland		Director Name Molly Richard	
Street Address 26 Bainbridge Ave.		Street Address 33 Adamstone Road	
City Providence	State RI	City Riverside	State RI
Zip 02909		Zip 02915	
Director Name Peter Nightengale		Director Name	
Street Address 52 Nichols Road		Street Address	
City Kingston	State RI	City	State
Zip 02881		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 Eric Hirsch			Date 7/15/25
Signature of Officer/Authorized Representative E. Hirsch FILED			

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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BY **LSVX2**
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FORM 631- Revised 12/2023