RI SOS Filing Number: 202450528350 Date: 4/9/2024 4:00:00 PM



## State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024

**Non-Profit Corporation** 

→ Filing Fee \$20.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.					
Entity ID Number	2. Exact name of the Corporation				
86512	Project Hope/Projecto Esperanza, Inc.				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Religious, charitable and educational activities.				
4 NAICS Code	_				
813110					
6. Principal Office Address			City	State	Zip
One Cathedral Square			Providence	RI	02903
7. List ALL officers (names and add	•		Check the box to indicate an attachment 🗹		
President Name Most Rev. Richard G. Henning			Vice-President Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Timothy D. Reilly			Treasurer Name Most Rev. Richard G. Henning		
Street Address One Cathedral Square			Street Address One Cathedral Square		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors  Check the box to indicate an attachment					
Director Name Most Rev. Richard G. Henning			Director Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	Zip 02903
Director Name Rev. Timothy D. Reilly			Director Name James Jahnz		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	<sup>Zıp</sup> 02903	<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903
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					
Rev. Timothy D. Reilly, Secretary					
Sighature of Officer/Authorized Representative FILED					
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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 09 2024

Project Hope/Projecto Esperanza, Inc.

86512

## ADDITIONAL OFFICER:

Assistant Treasurer

James Jahnz One Cathedral Square Providence, RI 02903