



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000026519

2. Name of Corporation Hope Associates

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813312

4. Principal Office Address

No. and Street: 35 RYEFIELD ROAD
P.O. BOX 416

City or Town: HOPE State: RI Zip: 02831 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PURCHASE LAND/ HOLD IN PERPETUITY

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	THEODORE J. RICHARD III	408 SEVEN MILE ROAD HOPE, RI 02831 USA
TREASURER	LAUREN LEACH	6 RYEFIELD ROAD HOPE, RI 02831 USA
SECRETARY	MARY E MORSE	404 NORTH ROAD HOPE, RI 02831 USA
VICE PRESIDENT	DONNA J FARIA	282 GLEANER CHAPEL ROAD NORTH SCITUATE, RI 02857 USA
DIRECTOR	RALPH GROVES	7 HOWARD AVENUE HOPE, RI 02831 USA
DIRECTOR	SUSAN D SCANLON	22 EAGLE DRIVE HOPE, RI 02831 USA
DIRECTOR	DAVID D ELLINGWOOD	23 HARRINGTON AVE HOPE, RI 02831 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LAUREN C. LEACH 6 RYEFIELD RD HOPE , RI 02831

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 23 Day of April, 2024 at 11:06:10 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By LAUREN LEACH
Signature of Authorized Person

Form No. 631
Revised 09/07

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