



Filed  
Secretary of State  
State of Washington  
Date Filed: 08/23/2018  
Effective Date: 08/23/2018  
UBI #: 601 055 854

## Annual Report

### BUSINESS INFORMATION

---

Business Name:

**HOUSING HOPE**

UBI Number:

**601 055 854**

Business Type:

**WA PUBLIC BENEFIT CORPORATION**

Business Status:

**ACTIVE**

Principal Office Street Address:

**5830 EVERGREEN WAY, EVERETT, WA, 98203, UNITED STATES**

Principal Office Mailing Address:

**5830 EVERGREEN WAY, EVERETT, WA, 98203, UNITED STATES**

Expiration Date:

**11/30/2019**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**11/09/1987**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**CHARITABLE**

### REGISTERED AGENT [RCW 23.95.410](#)

---

Registered Agent Name	Street Address	Mailing Address
AMANDA VROMAN	5830 EVERGREEN WAY, EVERETT, WA, 98203-3748, UNITED STATES	

### PRINCIPAL OFFICE

---

Phone:

**425-347-6556**

Email:

**HR@HOUSINGHOPE.ORG**

Street Address:

**5830 EVERGREEN WAY, EVERETT, WA, 98203, USA**

Mailing Address:

**5830 EVERGREEN WAY, EVERETT, WA, 98203, USA**

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		VIKKI	STRAND
GOVERNOR	INDIVIDUAL		PAT	SISNEROS
GOVERNOR	INDIVIDUAL		HAROLD	DASH

## NATURE OF BUSINESS

CHARITABLE

## EFFECTIVE DATE

Effective Date:

**08/23/2018**

## CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

**NO**

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

**NO**

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

**NO**

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

\* This company owns land, buildings or other real estate in Washington State,

**AND**

\* You answered "YES" to question 1 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

Business Licensing Service, PO Box 9034, Olympia, WA 98507-9034

For assistance or to request this document in an alternate format, visit [business.wa.gov/BLS](http://business.wa.gov/BLS) or call 360-705-6744. Teletype users may call 711.

Fax 360-705-6699

## RETURN ADDRESS FOR THIS FILING

Attention:

**AMANDA VROMAN**

Email:

**HR@HOUSINGHOPE.ORG**

Address:

**5830 EVERGREEN WAY, EVERETT, WA, 98203-3748, USA**

## UPLOAD ADDITIONAL DOCUMENTS

This document is a public record. For more information visit [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

**Work Order #: 2018082300394258 - 1**

**Received Date: 08/23/2018**

**Amount Received: \$10.00**

---

Do you have additional documents to upload? **No**

## EMAIL OPT-IN

---

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## AUTHORIZED PERSON

---

☒ I am an authorized person.

Person Type:

**INDIVIDUAL**

First Name:

**AMANDA**

Last Name:

**VROMAN**

Title:

**HR ANALYST**

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.