



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. DNP39506		2. Name of Corporation Helping Hands for Animals			
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 135 Touisset Rd.		City Warren	Zip 02885
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island to provide medical care for domestic animals in need.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elizabeth A. Jenkins			Vice President Name Rachel Conley		
Street Address 135 Touisset Road			Street Address 46 BRADFORD STREET		
City Warren	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
Secretary Name Catherine Drysdale			Treasurer Name ROSEMARIE SIMMONS		
Street Address 36 Almy Ave			Street Address 6 ALMEIDA DR.		
City Warren	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Dorothy T. Pratte			Director Name BARBARA L. KEEGAN		
Street Address 20 LIBBY LN apt E82			Street Address 15 LIBERTY ST		
City Warren	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
Director Name Lori Smith Dion			Director Name		
Street Address 469 Log Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City	Zip	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED
Check No.	JUN 24 2008
By:	By 1319
FOR SECRETARY OF STATE USE ONLY	

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.

Elizabeth A. Jenkins 6-9-08
Signature of Officer Date
Elizabeth A. Jenkins
Print or Type Name of Officer
President
Title of Officer