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 2009

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.	2. Name of Corporation		
128323	GOSPEL HELPERS		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	229 GARDEN ST	CRANSTON	02910
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 MAKE KNOWN THE GOSPEL OF JESUS CHRIST

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
LEWIS HOWLAND	229 GARDEN ST	CRANSTON	R.I.	02910

Vice President Name	Street Address	City	State	Zip
RAYMOND BARTLETT	28 INEZ AV	WARWICK	RI	02886

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **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	Street Address	City	State	Zip
LAWRENCE DENOFIO	107 MAWNEY ST	E. GREENWICH	RI.	02818

Director Name	Street Address	City	State	Zip
BARBARA BARTLETT	28 INEZ AV.	WARWICK	RI.	02886

Director Name	Street Address	City	State	Zip
FRANCES DENOFIO	107 MAWNEY ST	E. GRENWICH	R.I.	02818

Director Name	Street Address	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

[redacted] [redacted]

FILED
File Date MAY 19 2009
Check No.
By: By

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Lewis Howland
Signature of Officer *Date*

LEWIS HOWLAND
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 631 Rev. 09/17