

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

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_2009

401.222.3040

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.

penuny jee of \$25.00.							
1. Corporate ID No.	2. Name of Con	2. Name of Corporation					
151623	Builders He	Builders Helping Heroes, Inc.					
3. State of Incorporation		dress in Rhode Island - Street Ada	City	Zip			
Rhode Island	450 Vetera	ins Memorial Parkway#	301	East Providence	02914		
5. Foreign corporation. Enter principal office address			City	State	Zip		
6. Brief Description of the ch	aracter of the affairs which	ch are actually conducted in Rhod	e Island		<u></u>		
To provide, construct, services of the United	acquire or improve		erty owned by those perso tional Guard	ons who are or were members			
President Name			Vice President Name				
Robert Baldwin			Michael Artesani				
Street Address			Street Address				
PO Box 374			1704 Broad Street				
City	State	Zíp	City	State	Zip		
Lincoln	RI	02865-0374	Cranston	RI	02889-1525		
Secretary Name			Treasurer Name				
Roger R. Warren			Roger R. Warren				
Street Address 450 Veterans Memorial Parkway #301			Street Address Same				
City	State	Zip	City	State	Zip		
East Providence	RI	02914-5300			'		
8. NAMES AND ADDR	ESSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) TILL IN SPA	CES BEFORE USING ATTACE	I IMENTS		
THE NUMBER OF DIE	RECTORS OF A DO	MESTIC (RHODE ISLAND	) CORPORATION SHALL	NOT BE LESS THAN THREE	(3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Michael L. DeCesar	<u>e</u> _		Paul A. Norbury				
Street Address			Street Address				
75 Ophelia Street			1194 E. Main Road				
City	State	Zip	City	State	Zip		
Providence	RI	02909-5828	Portsmouth	RI	02871-2333		
Director Name Colin P. Kane			Director Name				
Street Address			Street Address				
293 Bourne Avenue							
City	State	Zip	City	State	Zip		
Rumford	RI	02916-3345	I		'		
9. REGISTERED AGEN	T IN RHODE ISLAN	ND .		•	•		
This information is curre	ently of record in the	Office of the Secretary of S	tate. Changes require filing of	of Form 641 - R.I.G.L. 7-6-13/7-	-6-78		
This report	must be signed by	either the President Vice D	masidant Carrette Aurita	4.5			

either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date FILED	— [
Check No. JUL 0 3 2009	_
By FOR SECRETARY OF STATE USE ONLY	<del></del>

Under penalty of perjury, I declare and affirm that I have examined the	his
report, including any accompanying schedules and statements, and that	all
statements contained herein are true and correct.	
Ju 30, 2009	
Signature of Officex Date	_
ROGER R. Where	
Print or Type Name of Officer	_
SECROVAR-7	
Title of Officer	_