



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

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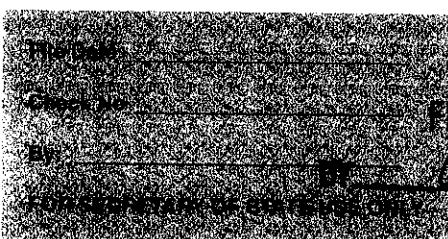
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000522988		2. Exact name of the Corporation Helping Hands of Block Island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island. To operate a food bank and any other charitable purpose.			
5. Principal office address P.O. Box 1437		City Block Island	State RI	Zip 02807	
President Name Elisa L. Hunt		Vice-President Name			
Street Address P.O. Box 1437		Street Address			
City Block Island	State RI	Zip 02807	City	State	Zip
Secretary Name Miriam Levielle		Treasurer Name Barbara Temple			
Street Address P.O. Box 1437		Street Address P.O. Box 165			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
DIRECTORS: Each corporation must list no less than three directors.					
Director Name Elisa L. Hundt		Director Name Barbara Temple			
Street Address P.O. Box 1437		Street Address P.O. Box 165			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name Miriam Levielle		Director Name Jessica Jalbert			
Street Address P.O. Box 1431		Street Address P.O. Box 1305			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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



FILED

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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.

Signature of Officer

2/11/13
Date

Print or Type Name of Officer

Title of Officer