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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 2013

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	Vice President Name
LEWIS HOWLAND	RAYMOND BARTLETT
Street Address: 229 GARDEN ST	Street Address: 28 INEZ AV.
City: CRANSTON State: R.I. Zip: 02910	City: WARWICK State: R.I. Zip: 02886
Secretary Name	**Treasurer Name**
Street Address	Street Address
City State Zip	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	Director Name
LAWRENCE DENOFIO	BARBARA BARTLETT
Street Address: 107 MAWNEY ST.	Street Address: 28 INEZ AV.
City: E. GREENWICH State: R.I. Zip: 02818	City: WARWICK State: R.I. Zip: 02886
Director Name: FRANCES DENOFIO	Director Name
Street Address: 107 MAWNEY ST	Street Address
City: E. GREENWICH State: R.I. Zip: 02818	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
JUN 07 2013
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File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

BY [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 6/5/13
Signature of Officer *Date*

LEWIS HOWLAND
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 631 Rev. 09/17

92824-4-852228