



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 33094		2. Exact name of the Corporation The Gay Lesbian Bisexual Transgender Helpline of Rhode Island			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Confidential referral service for GLBT Community			
5. Principal office address PO BOX 41247		City PROVIDENCE		State RI	Zip 02940
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOANNE MACDONALD			Vice-President Name		
Street Address PO BOX 41247			Street Address		
City PROVIDENCE	State RI	Zip 02940	City	State	Zip
Secretary Name BRIAN MILLER			Treasurer Name TOM WILLIS		
Street Address PO BOX 41247			Street Address PO BOX 41247		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOANNE MACDONALD			Director Name TOM WILLIS		
Street Address PO BOX 41247			Street Address PO BOX 41247		
City PROVIDENCE	State RI	Zip 02940	City PROVIDENCE	State RI	Zip 02940
Director Name BRIAN MILLER			Director Name		
Street Address PO BOX 41247			Street Address		
City PROVIDENCE	State RI	Zip 02940	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY BY 1036

FILED
 JUN 17 2013
 1036

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 [Signature] Date 6/13/13
TOM WILLIS
 Print or Type Name of Officer
TREASURER
 Title of Officer