



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. <b>33094</b>		2. Exact name of the Corporation <b>The Gay Lesbian Bisexual Transgender Helpline of Rhode Island</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Confidential referral service for GLBT Community</b>			
5. Principal office address <b>PO BOX 41247</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02940</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>JOANNE MACDONALD</b>			Vice-President Name		
Street Address <b>PO BOX 41247</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02940</b>	City	State	Zip
Secretary Name <b>BRIAN MILLER</b>			Treasurer Name <b>TOM WILLIS</b>		
Street Address <b>PO BOX 41247</b>			Street Address <b>PO BOX 41247</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02940</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02940</b>
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 <b>JOANNE MACDONALD</b>			Director Name <b>TOM WILLIS</b>		
Street Address <b>PO BOX 41247</b>			Street Address <b>PO BOX 41247</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02940</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02940</b>
Director Name <b>BRIAN MILLER</b>			Director Name		
Street Address <b>PO BOX 41247</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02940</b>	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

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]* 6/13/13  
 Signature of Officer Date

**TOM WILLIS**  
 Print or Type Name of Officer

**TREASURER**  
 Title of Officer