



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 JUL 31 AM 11:14

1. Entity ID No. 740107		2. Exact name of the Corporation Help for all God's Creations	
3. State of Incorporation Non-Profit		4. Brief description of the character of business conducted in Rhode Island Help people and animals in need	
5. Principal office address 89 Dorchester Ave		City Prov.	State RI
		Zip 02909	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Julia Med		Vice-President Name Antonio Vitello	
Street Address 89 Dorchester Ave		Street Address 22 Stone Street	
City Prov.	State RI	Zip 02909	City Prov.
			State RI
			Zip 02904
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name Ronald Jennings Jr		Director Name Julia Med	
Street Address 120 Woodcrest Rd		Street Address 89 Dorchester Ave	
City Warwick	State RI	Zip 02889	City Prov.
			State RI
			Zip 02909
Director Name Antonio Vitello		Director Name	
Street Address 22 Stone St.		Street Address	
City Prov.	State RI	Zip 02904	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, duly Authorized Representative, Receiver or Trustee

File Date	
Check No.	
By	50060
FOR SECRETARY OF STATE USE ONLY	

FILED

JUL 31 2014

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 or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative