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

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

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.**

1. Entity ID No.	2. Exact name of the Corporation
740107	Help for all God's Creations
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Non-Profit	Help people and animals in need

5. Principal office address	City	State	Zip
89 Dorchester Ave	Prov.	RI	02909

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Julia Meo	Antonio Vitiello
Street Address	Street Address
89 Dorchester AVE	22 Stone Street
City / State / Zip	City / State / Zip
Prov / RI / 02909	Prov. / RI / 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	Director Name
Ronald Jennings Jr	Julia Meo
Street Address	Street Address
120 Woodcrest Rd	89 Dorchester AVE
City / State / Zip	City / State / Zip
Warwick / RI / 02889	Prov. / RI / 02909
Director Name	Director Name
Antonio Vitiello	
Street Address	Street Address
22 Stone St.	
City / State / Zip	City / State / Zip
Prov. / RI / 02904	

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:
FOR SECRETARY OF STATE USE ONLY

FILED
JUL 31 2014
BY

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.

Julia Meo — June 14 2014
Signature of Officer or Authorized Representative — Date

Julia Meo
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014