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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.**

1. Entity ID No.	2. Exact name of the Corporation
00793043	HELP FROM ABOVE SERVICES INC
3. State of Incorporation: MASSACHUSETTS & RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island: CREATION AND IMPLEMENTATION OF PROGRAMS FOR CIVIL SOCIETY THROUGH HUMANITARIAN PROGRAMS. IE SOCIAL SERVICES, PRAYER HOTLINE & REFERRAL SERVICES

5. Principal office address	City	State	Zip
1800 MINERAL SPRINGS AV PMB 161, NORTH PROVIDENCE RI	NORTH PROVIDENCE	RI	02904

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

President Name	Street Address	City	State	Zip
SAMUEL ASARE	62 CAPITOLVIEW AV	NORTH PROVIDENCE	RI	02908

Vice-President Name	Street Address	City	State	Zip
ELLEN P. WEBLEY	62 CAPITOLVIEW AV	N. PROVIDENCE	RI	02908

Secretary Name	Street Address	City	State	Zip
ELLEN WEBLEY	62 CAPITOLVIEW AV	N PROVIDENCE	RI	02908

Treasurer Name	Street Address	City	State	Zip
FRANCISCA ASARE	62 CAPITOLVIEW AV	N. PROVIDENCE	RI	02908

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
KOFI B ASARE	62 CAPITOLVIEW AV	N PROVIDENCE	RI	02908
DR VIVIAN FADER	62 CAPITOLVIEW AV	N PROVIDENCE	RI	02908
DR VIVIAN FADER	62 CAPITOLVIEW AV	N. PROVIDENCE	RI	02908

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

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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: 1/16/15

SAMUEL ASARE (PRESIDENT)
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised 7/2014 6446