



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. 00793043		2. Exact name of the Corporation HELP FROM ABOVE SERVICES INC			
3. State of Incorporation MASSACHUSETTS E 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 1800 MINERAL SPRINGS AV PMB 161, NORTH PROVIDENCE RI		City NORTH PROVIDENCE	State RI	Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name SAMUEL ASARE		Vice-President Name ELLEN P. WEBLEY			
Street Address 62 CAPITOLVIEW AV		Street Address 62 CAPITOLVIEW AV			
City NORTH PROVIDENCE	State RI	Zip 02908	City N. PROVIDENCE	State RI	Zip 02908
Secretary Name ELLEN WEBLEY		Treasurer Name FRANCISCA ASARE			
Street Address 62 CAPITOLVIEW AV		Street Address 62 CAPITOLVIEW AV			
City N PROVIDENCE	State RI	Zip 02908	City N. PROVIDENCE	State RI	Zip 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 KOFI B ASARE		Director Name DR VIVIAN FADER			
Street Address 62 CAPITOLVIEW AV		Street Address 62 CAPITOLVIEW AV			
City N PROVIDENCE	State RI	Zip 02908	City N PROVIDENCE	State RI	Zip 02908
Director Name DR VIVIAN FADER		Director Name			
Street Address 62 CAPITOLVIEW AV		Street Address			
City N. PROVIDENCE	State RI	Zip 02908	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:
FOR SECRETARY OF STATE USE ONLY

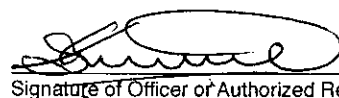
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

 **1/16/15**
Signature of Officer or Authorized Representative Date

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