RI SOS Filing Number: 201565567740 Date: 07/20/2015 1:47 PM

**State of Rhode Island and Providence Plantations**
**Office of the Secretary of State**

**Fee: $20.00**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

# Foreign Non-Profit Annual Report

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.*

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000793801

**2. Name of Corporation** Helping Hands Community Partners, Inc.

**3. State of Incorporation**

State: MA

**4. Corporate Address in Rhode Island**

No. and Street: 421 ELMWOOD AVENUE
City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO CONVERT PROPERTIES FOR THE BENEFIT OF OTHER CHARITIES, TO ASSIST THE UNDERSERVED POPULATIONS INCLUDING VETERANS, SENIORS AND OTHER LOW TO MODERATE INCOME INDIVIDUALS AND OTHER RELATED ACTIVITIES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | WILLIAM W. FEGLEY | 90 NORTH STREET<br>MEDFIELD, MA 02052 USA |
| SECRETARY | CLIFFORD R MORIN | 105A CENTRAL PIKE<br>FOSTER, RI 02825 US |
| VICE PRESIDENT | ROBERT R SACCHETTI | 40 EUTAW AVE<br>BRAINTREE, RI 02184 USA |

0-7364-0

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CLIFFORD R. MORIN 105A CENTRAL PIKE FOSTER , RI 02825

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 20 Day of July, 2015 at 1:48:32 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CLIFFORD MORIN
Signature of Authorized Person

Form No. 631
Revised 09/07