



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 2015

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 RI		4. Brief description of the character of business conducted in Rhode Island CREATION OF PROGRAMS FOR CIVIL SOCIETY SEMINARS, PROJECT CREATION, PRAYER & SUPPORT SERVICES ETC.			
5. Principal office address 1800 MINERAL SPRING AV PMB 161, NORTH PROVIDENCE RI		City NORTH PROVIDENCE	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SAMUEL ASARE			Vice-President Name ELLEN P. WEBLEY		
Street Address 62 CAPITOLVIEW AV			Street Address 62 CAPITOLVIEW AV		
City N. 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) <input type="checkbox"/>					
Director Name KOFI B ASARE			Director Name DR EBENEZER 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
Director Name DR VIVIAN FADER			Director Name		
Street Address 62 CAPITOLVIEW AV			Street Address		
City N. PROVIDENCE	State RI	Zip 02908	City	State	Zip

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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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FEB 16 2016

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] **2/16/16**
 Signature of Officer or Authorized Representative Date
SAMUEL ASARE (President)
 Print or Type Name of Officer or Authorized Representative