



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. <b>522988</b>		2. Exact name of the Corporation <b>Helping Hands of Black Island, Inc.</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Food Pantry</b>	
5. Principal office address <b>PO Box 1066</b>		City <b>New Shoreham</b>	State <b>RI</b>
		Zip <b>02807</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <b>Elisa Hundt</b>		Vice-President Name <b>Miriam LeVeille</b>	
Street Address <b>91 Pitch Pine Place</b>		Street Address <b>PO Box 1066</b>	
City <b>Wakefield</b>	State <b>RI</b>	City <b>Black Island</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02807</b>	
Secretary Name <b>Theresa Sisto</b>		Treasurer Name <b>Elisa Hundt</b>	
Street Address <b>PO Box 1066</b>		Street Address <b>91 Pitch Pine Place</b>	
City <b>Black Island</b>	State <b>RI</b>	City <b>Wakefield</b>	State <b>RI</b>
Zip <b>02807</b>		Zip <b>02879</b>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <b>Elisa Hundt</b>		Director Name <b>Miriam LeVeille</b>	
Street Address <b>91 Pitch Pine Place</b>		Street Address <b>PO Box 1066</b>	
City <b>Wakefield</b>	State <b>RI</b>	City <b>Black Island</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02807</b>	
Director Name <b>Theresa Sisto</b>		Director Name	
Street Address <b>PO Box 1066</b>		Street Address	
City <b>Black Island</b>	State <b>RI</b>	City	State
Zip <b>02807</b>		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

**FILED 11:35**

**MAY 05 2016**

File Date  
Check No.  
By: **SC-11 MAY 5-AM 10:02**  
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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

**H. Erik Wallin**  
Print or Type Name of Officer or Authorized Representative