



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. 522988		2. Exact name of the Corporation Helping Hands of Block Island, Inc.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Food Pantry	
5. Principal office address PO Box 1066		City New Shoreham	State RI
		Zip 02807	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX OR ATTACHMENT) <input type="checkbox"/>			
President Name Elisa Hundt		Vice-President Name Miriam LeVeille	
Street Address 91 Pitch Pine Place		Street Address PO Box 1066	
City Wakefield	State RI	City Block Island	State RI
Zip 02879		Zip 02807	
Secretary Name Theresa Sisto		Treasurer Name Elisa Hundt	
Street Address PO Box 1066		Street Address 91 Pitch Pine Place	
City Block Island	State RI	City Wakefield	State RI
Zip 02807		Zip 02879	
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 Elisa Hundt		Director Name Miriam LeVeille	
Street Address 91 Pitch Pine Place		Street Address PO Box 1066	
City Wakefield	State RI	City Block Island	State RI
Zip 02879		Zip 02807	
Director Name Theresa Sisto		Director Name	
Street Address PO Box 1066		Street Address	
City Block Island	State RI	City	State
Zip 02807		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.			

RECEIVED
 SECRETARY OF STATE
 APR 18 AM 11:05
 CORPORATIONS DIV

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

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.

File Date
 Check No.
 BY **05-11-16 S-AM-302**
 FOR SECRETARY OF STATE USE ONLY

010273 *Wade*

Ch. Erik Wallin 3/24/16
 Signature of Officer or Authorized Representative Date

K. Erik Wallin
 Print or Type Name of Officer or Authorized Representative