



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. <u>522988</u>		2. Exact name of the Corporation <u>Helping Hands of Black Island, Inc.</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Food Pantry</u>			
5. Principal office address <u>PO Box 1066</u>			City <u>New Shoreham</u>	State <u>RI</u>	Zip <u>02807</u>
President Name <u>Elisa Hundt</u>			Vice-President Name <u>Miriam Laveille</u>		
Street Address <u>91 Pitch Pine Place</u>			Street Address <u>PO Box 1066</u>		
City <u>Waketfield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Black Island</u>	State <u>RI</u>	Zip <u>02807</u>
Secretary Name <u>Theresa Sisto</u>			Treasurer Name <u>Elisa Hundt</u>		
Street Address <u>PO Box 1066</u>			Street Address <u>91 Pitch Pine Place</u>		
City <u>Black Island</u>	State <u>RI</u>	Zip <u>02807</u>	City <u>Waketfield</u>	State <u>RI</u>	Zip <u>02879</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (PO BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>Elisa Hundt</u>			Director Name <u>Miriam Laveille</u>		
Street Address <u>91 Pitch Pine Place</u>			Street Address <u>PO Box 1431</u>		
City <u>Waketfield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Black Island</u>	State <u>RI</u>	Zip <u>02807</u>
Director Name <u>Theresa Sisto</u>			Director Name		
Street Address <u>PO Box 1066</u>			Street Address		
City <u>Black Island</u>	State <u>RI</u>	Zip <u>02807</u>	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

FILED

11:36

MAY 05 2016

File Date
 Check No.
 By
 FOR SECRETARY OF STATE

BY 9/273626
 2016 MAY -5

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] 3/21/16
 Signature of Officer or Authorized Representative Date

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

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 SECRETARY OF STATE
 CORPORATIONS DIV
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