



**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

**Non-Profit Corporation  
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:** 2016

**1. Corporate ID No.** 000936538

**2. Name of Corporation** Helping Haiti's Orphans

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 323

City or Town: WYOMING

State: RI

Zip: 02898

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**

FOLLOWING THE BIBLICAL MANDATE STATED IN JAMES 1:27, "RELIGION THAT GOD OUR FATHER ACCEPTS AS PURE AND FAULTLESS IS THIS: TO LOOK AFTER ORPHANS AND WIDOWS IN THEIR DISTRESS AND TO KEEP ONESELF FROM BEING POLLUTED BY THE WORLD.", THE PURPOSE OF HELPING HAITI'S ORPHANS IS TO PROVIDE FOR THE SPIRITUAL, EDUCATIONAL, EMOTIONAL, AND PHYSICAL NEEDS OF ORPHANS IN HAITI, ENABLING THEM TO BECOME PRODUCTIVE, CARING AND ACCOUNTABLE CHRISTIAN ADULTS. HELPING HAITI'S ORPHANS IS A NONPROFIT CORPORATION AND IS NOT ORGANIZED FOR THE PRIVATE GAIN OF ANY PERSON. THE PURPOSES FOR WHICH HELPING HAITI'S ORPHANS IS FORMED ARE EXCLUSIVELY CHARITABLE WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986.

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

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	LUCY M FRAIOLI	33 LOWER FARM ROAD WAKEFIELD, RI 02879 USA
TREASURER	MELISSA M PREVEY	35 WOODY HILL ROAD HOPE VALLEY, RI 02832 USA
SECRETARY	GARY BODEN	8 LODGE ROAD EXETER, RI 02822 USA
VICE PRESIDENT	DAVID A KREYSSIG	7 WOODMANSEE CT RICHMOND, RI 02892 USA
DIRECTOR	DEBORAH M KREYSSIG	7 WOODMANSEE CT RICHMOND, RI 02892 USA
DIRECTOR	LINDA NOONEY	91 BLACK POND ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	TIM STASIUNAS	PO BOX 183 WAKEFIELD, RI 02880 USA

**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**

DAVID A. KREYSSIG 7 WOODMANSEE COURT RICHMOND , RI 02892

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

**Signed this 13 Day of June, 2016 at 3:02:26 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 MELISSA M PREVEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07