RI SOS Filing Number: 201738296590 Date: 3/20/2017 12:17:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of the Corporation
136927	**I Need A Hero**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Non Profit Charitable Corp.**

5. Principal Office Address	City	State	Zip
42 Sprague Hill Rd	**Chepachet**	**RI**	**02814**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Joe Tucker**			Vice-President Name **Tamara Tucker**		
Street Address **42 Sprague Hill Rd**			Street Address **42 Sprague Hill Rd**		
City **Chepachet**	State **RI**	Zip **02814**	City **Chepachet**	State **RI**	Zip **02814**
Secretary Name **None**			Treasurer Name **None**		
Street Address **N/A**			Street Address **N/A**		
City **N/A**	State **N/A**	Zip **N/A**	City **N/A**	State **N/A**	Zip **N/A**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Holley Tucker**			Director Name **Mary Tucker**		
Street Address **181 Emerald Way**			Street Address **521 Chestnut Hill Rd**		
City **Harmony**	State **RI**	Zip **02814**	City **Chepachet**	State **RI**	Zip **02814**
Director Name **Janel Choquet**			Director Name **None**		
Street Address **100 West Greenville Rd**			Street Address **N/A**		
City **Smithfield**	State **RI**	Zip **02828**	City **N/A**	State **N/A**	Zip **N/A**

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Joseph Tucker	**March 15, 2017**

Signature of Officer/Authorized Representative

FILED
12:17 MAR 20 2017
BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 02/2017