



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

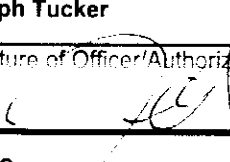
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 MAR 20 PM 12:16

1. Entity ID Number 136927		2. Exact name of the Corporation I Need A Hero			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non Profit Charitable Corp.			
5. Principal Office Address 42 Sprague Hill Rd			City Chepachet	State RI	Zip 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 Joseph Tucker				Date March 15, 2017	
Signature of Officer/Authorized Representative 					

FILED

12:17 MAR 20 2017
 BY 