



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
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.

1. Entity ID Number <u>740107</u>		2. Exact name of the Corporation <u>HELP FOR ALL GODS CREATIONS</u>			
3. State of Incorporation <u>Non-Profit</u>		4. Brief description of the character of business conducted in Rhode Island <u>Help people and animals in need</u>			
5. Principal Office Address <u>89 Dorchester Ave</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
6. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name <u>Julia MEO</u>			Vice-President Name <u>Antonio Vitiello</u>		
Street Address <u>89 Dorchester Ave</u>			Street Address <u>22 Stone Street</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name <u>Ronald Jennings Jr</u>			Director Name <u>Julia MEO</u>		
Street Address <u>120 Woodcrest Rd</u>			Street Address <u>89 Dorchester Ave</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>
Director Name <u>Antonio Vitiello</u>			Director Name		
Street Address <u>22 Stone Street</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <u>Julia M. MEO</u>					Date <u>06-31-2017</u>
Signature of Officer/Authorized Representative <u>Julia MEO</u>					SIGN DOCUMENT HERE

FILED

AUG 23 2017

BY 70710

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