



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 16 2018

BY

1211

1. Entity ID Number 000131342		2. Exact name of the Corporation Second Helpings, Inc.			
3. Principal Office Address 32 Gooding Avenue		City Bristol		State RI	Zip 02809
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Retail sales of used household items & items.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mary E. Tabor			Vice-President Name Mary E. Tabor		
Street Address 12 Sunnyside Avenue			Street Address 12 Sunnyside Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Mary E. Tabor			Treasurer Name Mary E. Tabor		
Street Address 12 Sunnyside Avenue			Street Address 12 Sunnyside Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Mary E. Tabor			Director Name		
Street Address 12 Sunnyside Avenue			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued		Check the box to indicate an attachment ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		NPV	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Mary E. Tabor					Date 02/13/2018
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

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 630 - Revised: 10/2017