

Annual Report for the year: 2018 **Non-Profit Corporation** → Fifing 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	2. Exact name of the Corporation					
000505152	Helping Others to Promote Equality					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	To Promote A Continuing Improvement of the Quality of Life for the Developmentally Challenged					
4. NAICS Code	Population					
813319 c:						
6. Principal Office Address			City	State	Zip	
56 Uncas Street			Warwick	RI	02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Joseph Tremmel			Vice-President Name			
Street Address 56 Uncas Street			Street Address			
City Wawick	State RI	^{Zip} 02889	City	State	Zıp	
Secretary Name Laura Benoit			Treasurer Name Jacob Persico			
Street Address 183 Palmer Avenue			Street Address 151 Liberty Street Apt E			
City Warwick	State RI	Zip 02889	City Central Falls	State RI	^{Zip} 02863	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name OSC. Dh Tremme!			Director Name			
Street Address SS Unicas STreet			Street Address S Liberty St MOTE			
City 1/2 CI 2 CI 1/2	State —	ZK > CCO	940 Jan J. Fo. 11-	State	12/2013	
Director Name	<u> </u>	107882	Director Name	1 12 -	102067	
Laura	<u> 13en</u>	OTT	Director Name			
Street Adoptions 3 Palmer ave			Street Address			
° Y Narw, Uh	Stal 7	zh2889	City	State	Zip	
9. 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, duty Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative				Date		
Joseph Tremmel, President				05/07/2018		
Signature of Officer/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