



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

Annual Report for the year:
Non-Profit Corporation

2018

- 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 128323		2. Exact name of the Corporation GOSPEL HELPERS	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island TO MAKE KNOWN THE GOSPEL OF JESUS CHRIST	
4. NAICS Code 311991			
6. Principal Office Address 229 GARDEN ST		City CRANSTON	State RI. Zip 02910
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LEWIS HOWLAND		Vice-President Name RAYMOND BARTLETT	
Street Address 229 GARDEN ST		Street Address 28 INEZ AV.	
City CRANSTON	State R.I.	City WARWICK	State RI Zip 02886
Secretary Name C. CAROLINA HOWLAND		Treasurer Name C. CAROLINA HOWLAND	
Street Address 229 GARDEN ST		Street Address 229 GARDEN ST	
City CRANSTON	State R.I.	City CRANSTON	State R.I. Zip 02910
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name LAWRENCE DENOFIO		Director Name BARBARA BARTLETT	
Street Address 107 MUMFORD ST		Street Address 28 INEZ AV.	
City E. GREENWICH	State RI Zip 02818	City WARWICK	State RI Zip 02886
Director Name RAYMOND BARTLETT		Director Name	
Street Address 28 INEZ AV.		Street Address	
City WARWICK	State R.I.	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, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative LEWIS HOWLAND		Date 5/21/2018	
Signature of Officer/Authorized Representative <i>Lewis Howland</i>			

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

FILED

MAY 23 2018

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FORM 631 - Revised: 11/2017