



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

Annual Report for the year: **2018**

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.

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 CORPORATIONS DIV.

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|--|--------------------|---|---------------------------|-----------------------|---------------------|
| 1. Entity ID Number 000823583 | | 2. Exact name of the Corporation The Helen Hudson Foundation for Homeless America | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Exclusively for Charitable, Educational, Scientific, Religious and / or Literary purposes under the Rhode Island Non-Profit Corporations Act. | | | |
| 4. NAICS Code 813211 - Grantmaking Found | | | | | |
| 6. Principal Office Address C/O DarrowEverett LLP One Turks Head PLace, Suite 1200 | | City Providence | State RI | Zip 02903 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Thomas Lane | | Vice-President Name NONE | | | |
| Street Address 180 Medway Street | | Street Address | | | |
| City Providence | State RI | Zip 02906 | City | State | Zip |
| Secretary Name | | Treasurer Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 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 Bob Lane | | Director Name Thomas Lane | | | |
| Street Address 153 Bar Gate Trail | | Street Address 180 Medway St. | | | |
| City Killingworth | State CT | Zip 04619 | City Providence | State RI | Zip 02906 |
| Director Name Linda Coy Whitman | | Director Name | | | |
| Street Address 180 Medway St. | | Street Address | | | |
| City Providence | State RI | Zip 02906 | 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. | | | | | |
| <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 Melissa Dekroon | | | | Date 6/5/18 | |
| Signature of Officer/Authorized Representative <i>Melissa Dekroon</i> | | SIGN DOCUMENT FILED | | | |

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

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