



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

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 SECRETARY OF STATE
 CORPORATIONS DIVISION
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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 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 Street		
City Killingworth	State CT	Zip 04619	City Providence	State RI	Zip 02906
Director Name Linda 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>					

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

FILED
 SIGN DOCUMENT HERE

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