| State of Rhode Island and Providence Plantations Fee: \$20.00<br>Office of the Secretary of State   |  |  |
|---|--|--|
| Division Of Business Services<br>148 W. River Street  |  |  |
| Providence RI 02904-2615<br>(401) 222-3040  |  |  |
| Non-Profit Corporation<br>Annual Report   |  |  |
| Filing Period: June 1 - June 30   |  |  |
| In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.  |  |  |
| ANNUAL REPORT YEAR: 2018  |  |  |
| 1. Corporate ID No. 000522988   |  |  |
| 2. Name of Corporation <u>Helping Hands of Block Island, Inc.</u>   |  |  |
| 3. State of Incorporation   |  |  |
| State: <u>RI</u>  |  |  |
|   |  |  |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> |  |  |
| NAICS Code 6  |  |  |
| <u>624210</u>   |  |  |
| 4. Corporate Address in Rhode Island  |  |  |
| No. and Street:P.O. BOX 1066City or Town:NEW SHOREHAMState: RIZip: 02807Country: USA  |  |  |
| 5. Foreign Corporation. Enter Principal Office Address  |  |  |
| No. and Street:   |  |  |
| City or Town: State: Zip: Country:  |  |  |
| 6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island   |  |  |
| TO OPERATE A FOOD BANK, CHARITABLE ORGANIZATION   |  |  |
| 7. Names and Addresses of the Officers and Directors:   |  |  |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete  |  |  |
| THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.  |  |  |

7-6-23

| Title          | Individual Name             | Address   |
|----------------|-----------------------------|---|
|                | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT      | MIRIAM LEVEILLE             | PO BOX 1431<br>NEW SHOREHAM, RI 02807 USA       |
| TREASURER      | MICHEAL LOFARO              | PO BOX 388<br>NEW SHOREHAM, RI 02807 USA        |
| SECRETARY      | THERESA SISTO               | PO BOX 232<br>NEW SHOREHAM, RI 02807 USA        |
| VICE-PRESIDENT | DAVID KANE                  | PO BOX 929<br>NEW SHOREHAM, RI 02807 USA        |
| DIRECTOR       | THERESA SISTO               | PO BOX 1066<br>NEW SHOREHAM, RI 02807 USA       |
| DIRECTOR       | ELISA HUNDT                 | 91 PITCH PINE PLACE<br>WAKEFIELD, RI 02879 USA  |
| DIRECTOR       | MIRIAM LEVEILLE             | PO BOX 1431<br>NEW SHOREHAM, RI 02807 USA       |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

K. ERIK WALLIN 410 KINGSTOWN ROAD, SUITE 3 WEST KINGSTON , RI 02892

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 1 Day of August, 2018 at 2:40:16 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

By K. ERIK WALLIN

Signature of Authorized Person

Form No. 631 Revised 09/07

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