RI SOS Filing Number: 202044065650 Date: 7/2/2020 4:00:00 PM

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

JUL 02 2020
BY 1037

Annual Report for the year: 2020
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: 932623	2. Exact name of the Corporation: HELPING HANDS ASSOCIATION OF RI
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: financial assistance to any members in good standing
4. NAICS Code: 523920	

6. Principal Office Address: 27 CLYM STREET, PROVIDENCE, RI, 02908

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ALFRED YARWEH	Vice-President Name: HENRIETTA SETT
Street Address: 95 BENEDICT STREET	Street Address: 29 MAWNEY STREET
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02907
Secretary Name: COMFORT YENGBEH	Treasurer Name: EMMANUEL MOORE
Street Address: 44 VENICE STREET	Street Address: 27 CLYM STREET
City: PROVIDENCE State: RI Zip: 02908	City: PROVIDENCE State: RI Zip: 02908

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: JOHN MULBAH	Director Name: BEATRICE DORLEY
Street Address: 22 MAWNEY STREET	Street Address: 60 LINDY STREET
City: PROVIDENCE State: RI Zip: 02907	City: PROVIDENCE State: RI Zip: 02908
Director Name: DAVID BALLAH	Director Name: AVIN BARCHUE
Street Address: 95 CARPENTER STREET	Street Address: 27 MAWNEY STREET
City: PAWTUCKET State: RI Zip: 02860	City: PROVIDENCE State: RI Zip: 02907

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: ALFRED YARWEH
Date: 6-28-20
Signature of Officer/Authorized Representative: ALFRED YARWEH

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

FORM 631 - Revised: 06/20