



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
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: 2021

1. Corporate ID No. 001704891

2. Name of Corporation Help Her Home

3. State of Incorporation

State: RI

ARTICLE III

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 [click here](#).

NAICS Code



624190

4. Principal Office Address

No. and Street: 65 METROPOLITAN AVE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(3)(C) OF THE INTERNAL REVENUE CODE. THE PRIMARY GOAL OF THE CORPORATION WILL BE TO PROVIDE FURNISHINGS AND DECOR TO LOW INCOME FAMILIES COMING OUT OF HOMELESSNESS AND/OR DOMESTIC VIOLENCE SITUATIONS, WITH THE GOAL TO INSTILL PRIDE, HOPE AND INSPIRATION IN

THEHOME.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	KENDRA MORALES	65 METROPOLITAN AVENUE CRANSTON, RI 02920 USA
DIRECTOR	CANDITA CLAYTON	999 MAIN STREET, UNIT 105 PAWTUCKET, RI 02860 USA
DIRECTOR	KELLY TAYLOR	717 WESTMINSTER STREET PROVIDENCE, RI 02903 USA
DIRECTOR	KELLY RAMIREZ	10 DAVOL SQUARE, SUITE 100 PROVIDENCE, RI 02903 USA
DIRECTOR	RHETA SHOCKLEY	37 CLEARWATER STREET WARWICK, RI 02888 USA
DIRECTOR	LISA LAFLAMME	65 RIXTOWN ROAD GRISWOLD, CT 06351 USA

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

KENDRA MORALES 65 METROPOLITAN AVENUE CRANSTON , RI 02920

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

Signed this 15 Day of June, 2021 at 2:51:05 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 KENDRA MORALES
Signature of Authorized Person

Form No. 631
Revised 09/07

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