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. 000826047

2. Name of Corporation Strangers Helping Strangers Inc.

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

624210

4. Principal Office Address

No. and Street: 86 FIRST ROAD
City or Town: CHEPACHET State: RI Zip: 02814 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

SAID ORGANIZATION IS 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 THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: OUR PURPOSE IS TO COLLECT FOOD, CLOTHING AND HEALTH AND BEAUTY PRODUCTS AT FAIRS, FESTIVALS, AND

CONCERTS. WE RUN APPROXIMATELY 400 FOOD DRIVES PER YEAR AND DELIVER THE DONATIONS TO THE FOOD DRIVE OR PANTRY LOCAL TO OUR DRIVE.

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
PRESIDENT	NANCY MASON	42 WINIFRED AVENUE WORCESTER, MA 01602 USA
TREASURER	LAUREN SIMONETTI	69 BALMVILLE ROAD, 3RD FLOOR NEWBURGH, NY 12550 USA
SECRETARY	JILL BURNHAM	32 WEST POINT ROAD EAST HAMPTON, CT 06424 USA
VOLUNTEER COORDINATOR	JOSEPH KWASNICK	32 WEST POINT ROAD EAST HAMPTON, CT 06424 USA
COMMUNITY OUTREACH COORDINATOR	DONALD PEARSON	340 BROWN ROAD SPENCER, NY 14883-9637 USA
DIRECTOR	KATE WHITMORE	85 REGAL STREET SPRINGFIELD, MA 01118-1716 USA
VICE PRESIDENT	KATE WHITMORE	85 REGAL STREET SPRINGFIELD, MA 01118-1716 USA
DIRECTOR	JILL BURNHAM	32 WEST POINT ROAD EAST HAMPTON, CT 06424 USA
DIRECTOR	NANCY MASON	42 WINIFRED AVENUE WORCESTER, MA 01602 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

DEREK JAMES HALLAM 86 FIRST ROAD CHEPACHET , RI 02814

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

Signed this 18 Day of June, 2021 at 12:40:36 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 JILL R. BURNHAM
Signature of Authorized Person

Form No. 631
Revised 09/07

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