State of Rhode Island
Department of State - Business Services Division

FILED
JUN 28 2021
BY 154

Annual Report for the year: 2021
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	2. Exact name of the Corporation
932423	HELPING HANDS ASSOCIATION OF RI
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: NONPROFIT ACTIVITIES
4. NAICS Code: 523930	

6. Principal Office Address	City	State	Zip
27 CLYM STREET	PROVIDENCE	RI	02908

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

President Name: ALFRED YARKIEH			Vice-President Name: HENRIETTA JETT		
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: 29 MAWNEY STREET			Street Address: 14 LEE AVE		
City: PROVIDENCE	State: RI	Zip: 02907	City: N. PROV.	State: RI	Zip: 02904
Director Name: DAVID BALLAH			Director Name: ALVIN BARCHUE		
Street Address: 95 CARPENTER STREET			Street Address: 27 MAWNEY STREET		
City: PAWTUCKET	State: RI	Zip: 02860	City: PROVIDENCE	State: RI	Zip: 02907

9. The Registered Agent information of record with the RI Department of State is accurate. 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 YARKIEH
Date: 6-24-21
Signature of Officer/Authorized Representative: ALFRED YARKIEH

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: 08/2020