



Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2021

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV
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1. Entity ID Number <u>001671306</u>		2. Exact name of the Corporation <u>Health Help Ministries INC.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Providing a home and care for ex. Foster children, with medical and other disabilities.</u>			
4. NAICS Code <u>624204</u>					
6. Principal Office Address <u>1038 Waterman Ave</u>			City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>John A Pellegriano IV</u>			Vice-President Name <u>Director - John A Pellegriano IV</u>		
Street Address <u>1038 Waterman Ave</u>			Street Address <u>119 Bayview Ave</u>		
City <u>East Providence</u>	State <u>RI</u>	Zip <u>02914</u>	City <u>Swansea</u>	State <u>MA</u>	Zip <u>02777</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>Director - SUSAN - Chin - ARRENOGA</u>			Director Name <u>Director - David E. Rego</u>		
Street Address <u>176 California Ave</u>			Street Address <u>652 Hope St</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Bristol</u>	State <u>RI</u>	Zip <u>02921</u>
Director Name <u>John A Pellegriano IV Director</u>			Director Name		
Street Address <u>119 Bayview Ave</u>			Street Address		
City <u>Swansea MA</u>	State <u>MA</u>	Zip <u>02777</u>	City	State	Zip
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 <u>John A Pellegriano IV</u>					Date <u>6-21-2021</u>
Signature of Officer/Authorized Representative <u>John A Pellegriano</u>					

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