State of Rhode Island
Department of State - Business Services Division

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.

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1. Entity ID Number	2. Exact name of the Corporation
001671306	Health Help Ministry INC.
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
~~DE~~ RI	Providing a home and care For ex. Foster children, with Medical and outher Disabilities.
4. NAICS Code	
624004	

6. Principal Office Address	City	State	Zip
1038 Waterman AVE	East Providence	RI	02914

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

President Name	Vice-President Name
John A Pellegrino IV	Director - John A Pellegrino IV
Street Address: 1038 Waterman AVE.	Street Address: 119 Bayview AVE.
City: East Providence State: RI Zip: 02914	City: Swansea State: MA Zip: 02777
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	Director Name
Director-SUSAN-Chin-ARRENagga	Director-David E. Rego
Street Address: 176 California AVE.	Street Address: 652 Hope St.
City: Providence State: RI Zip: 02905	City: Bristol State: RI Zip: 02921
Director Name: John A Pellegrino IV Director	Director Name
Street Address: 119 Bayview AVE	Street Address
City: Swansea State: MA Zip: 02777	City State Zip

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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	Date
John A Pellegrino IV	6-21-2021

Signature of Officer/Authorized Representative: John A Pellegrino IV

FILED
JUL 22 2021

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

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FORM 631 - Revised: 08/2020