



**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.** 001666039

**2. Name of Corporation** New Englanders Helping Our Veterans

**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

**4. Principal Office Address**

No. and Street: 1515 DOUGLAS PIKE

City or Town: BURRILLVILLE

State: RI

Zip: 02830

Country: USA

**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: TO HELP NEW ENGLAND VETERANS IN NEED. WITHOUT BEING SPECIFIC TO ONE GROUP.

**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.**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT      | JAMES COLLINS                                         | 1515 DOUGLAS PIKE<br>BURRILLVILLE, RI 02830 USA                   |
| TREASURER      | MAURICIA L HARDY                                      | 35 WASHINGTON ST<br>WOONSOCKET , RI 02895 USA                     |
| SECRETARY      | MAURICIA L HARDY                                      | 35 WASHINGTON ST<br>WOONSOCKET , RI 02895 USA                     |
| VICE PRESIDENT | MAURICE J RONDEAU                                     | 2025 NC HIGHWAY 67<br>JONESVILLE , NC 28642 USA                   |
| DIRECTOR       | MAURICIA L HARDY                                      | 35 WASHINGTON STREET<br>WOONSOCKET, RI 02895 USA                  |
| DIRECTOR       | MAURICE J RONDEAU                                     | 2025 NC HIGHWAY 67<br>JONESVILLE, NC 28642 USA                    |
| DIRECTOR       | JAMES C COLLINS                                       | 1515 DOUGLAS TPK<br>HARRISVILLE , RI 02830 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**

BARROWS & CO., INC. 1364 SMITH STREET NORTH PROVIDENCE , RI 02911

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

**Signed this 13 Day of October, 2021 at 3:22:36 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 ALFRED T. MARCIANO, CPA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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