



**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: February 1 - May 1

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: 2022

1. Corporate ID No. 001686351

2. Name of Corporation Trusting Hands Ministry

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

813110

4. Principal Office Address

No. and Street: 18 BAILEY ST

City or Town: RUMFORD

State: RI

Zip: 02916

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO MINISTER TO THE HOMELESS AND WORK AS AN OUTREACH MINISTRY THAT CONNECTS HOMELESS MEN AND WOMEN WITH RESOURCES.

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	BRIAN ARCHIBALD	18 BAILEY STREET RUMFORD, RI 02916 USA
VICE PRESIDENT	LISA A DOUCETTE	18 BAILEY ST RUMFORD, RI 02916-2005 USA
FUNDRAISER	SUSAN KROCHIN	3 IRON HORSE TERRACE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	BRIAN C ARCHIBALD	18 BAILEY ST RUMFORD, RI 02916 USA
DIRECTOR	ROBERT MERCALDO	12 MANCHESTER ST PAWTUCKET, RI 02860 USA
DIRECTOR	LISA A DOUCETTE	18 BAILEY ST RUMFORD, RI 02916-2005 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

BRIAN ARCHIBALD 18 BAILEY STREET BOX 40027 PROVIDENCE RI 02940 RUMFORD , RI 02916

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

Signed this 27 Day of August, 2022 at 12:50:44 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 BRIAN C ARCHIBALD
Signature of Authorized Person

Form No. 631
Revised 09/07

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