



**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: 2023

1. Corporate ID No. 000936538

2. Name of Corporation Helping Haiti's Orphans

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

813219

4. Principal Office Address

No. and Street: 33 LOWER FARM ROAD

City or Town: WAKEFIELD

State: RI

Zip: 02879

Country: USA

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

FOLLOWING THE BIBLICAL MANDATE STATED IN JAMES 1:27, RELIGION THAT GOD OUR FATHER ACCEPTS AS PURE AND FAULTLESS IS THIS: TO LOOK AFTER ORPHANS AND WIDOWS IN THEIR DISTRESS AND TO KEEP ONESELF FROM BEING POLLUTED BY THE WORLD., THE PURPOSE OF HELPING HAITI'S ORPHANS IS TO PROVIDE FOR THE SPIRITUAL, EDUCATIONAL, EMOTIONAL, AND PHYSICAL NEEDS OF ORPHANS IN HAITI, ENABLING THEM TO BECOME PRODUCTIVE, CARING AND ACCOUNTABLE CHRISTIAN ADULTS. HELPING HAITI'S ORPHANS IS A NONPROFIT CORPORATION AND IS NOT ORGANIZED FOR THE PRIVATE GAIN

OF ANY PERSON. THE PURPOSES FOR WHICH HELPING HAITI'S ORPHANS IS FORMED ARE EXCLUSIVELY CHARITABLE WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986.

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	JUSTINA VICTORINO	10 CHELSEA FARM DR WYOMING, RI 02898 USA
SECRETARY	DEBORAH M KREYSSIG	P.O. BOX 801 HOPE VALLEY, RI 02832 USA
VICE PRESIDENT	DAVID A KREYSSIG	P.O. BOX 801 HOPE VALLEY, RI 02832 USA
PRESIDENT	TIM STASIUNAS	PO BOX 183 WAKEFIELD, RI 02880 USA
DIRECTOR	LUCY M FRAIOLI	33 LOWER FARM RD WAKEFIELD, RI 02879 USA
DIRECTOR	LINDA NOONEY	91 BLACK POND ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	DEBORAH M KREYSSIG	P.O. BOX 801 HOPE VALLEY, RI 02832 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

LUCY FRAIOLI 33 LOWER FARM ROAD WAKEFIELD , RI 02879

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

Signed this 2 Day of March, 2023 at 11:03:38 AM 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 JUSTINA J. VICTORINO
Signature of Authorized Person

© 2007 - 2023 State of Rhode Island
All Rights Reserved