



**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. 000522988

2. Name of Corporation Helping Hands of Block Island, Inc.

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

624210

4. Principal Office Address

No. and Street: P.O. BOX 1066

City or Town: NEW SHOREHAM

State: RI

Zip: 02807

Country: USA

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

TO OPERATE A FOOD BANK, CHARITABLE ORGANIZATION

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
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PRESIDENT	MIRIAM LEVEILLE	PO BOX 1431 NEW SHOREHAM, RI 02807 USA
TREASURER	JOANNE WARFEL	P.O. BOX 1066 NEW SHOREHAM, RI 02807 USA
VICE PRESIDENT	LINDA SPAK	P.O. BOX 1066 NEW SHOREHAM, RI 02807 USA
DIRECTOR	JOANNE WARFEL	P.O. BOX 1066 NEW SHOREHAM, RI 02807 USA
DIRECTOR	MIRIAM LEVEILLE	P.O. BOX 1066 NEW SHOREHAM, RI 02807 USA
DIRECTOR	LINDA SPAK	P.O. BOX 1066 NEW SHOREHAM, RI 02807 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

K. ERIK WALLIN 4080 SOUTH COUNTY TRAIL, SUITE 1 CHARLESTOWN , RI 02813

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

Signed this 19 Day of April, 2023 at 11:38:25 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 K. ERIK WALLIN
Signature of Authorized Person

Form No. 631
Revised 09/07

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