

## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024

Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001679955</b>	2. Exact name of the Limited Liability Company Strategic Help Initiative, LLC  4. Brief description of the character of business conducted in Rhode Island Help underserved individuals and organization that help them			
3. NAICS Code 812990				
5. State of Formation RI				
6. Principal Office Address 336 Main Street, Suite 2		City <b>Wakefield</b>	State RI	Zip <b>02879</b>
7. Mailing Address of Limite	d Liability Company and Nan	ne or Title of Contact Person	<u> </u>	
Contact Name Jeffrey H. Parker		Contact Title Authorized Person		
Street Address 336 Main Street, Suite 2		City <b>Wakefield</b>	State RI	Zip <b>02879</b>
8. The Resident Agent infor	mation currently of record wit	th the RI Department of State is ac	curate. Changes requ	ire filing Form 642.
	declare and affirm that I hat a later than the late	ave examined this report, include are true and correct.	ling any accompany	ing schedules and
Name of Authorized Person Jeffrey H. Parker			Date 01/24/74	
Signature of Authorized Per	A Para			

MAIL TO:

**Division of Business Services** 

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FORM 632 - Revised: 04/2023