



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number <u>001671422</u>		2. Exact name of the Corporation <u>Hands For The Needy</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To restore dignities of women in difficult situation such as widows/abandoned women, orphans children. To train women the life skill to sustain themselves in Republic of West-Africa</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>820 Elmwood Ave.</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02907</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Kollie Dilamora</u>		Vice-President Name <u>Louise Ireland</u>	
Street Address <u>2 Dayton Court Apt 2B</u>		Street Address <u>90 Jacob Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
Secretary Name <u>Christina Yalder</u>		Treasurer Name	
Street Address <u>54 Samuel Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State <u>RI</u> Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Rosa E DiCastillo</u>		Director Name <u>Norwa Kollie</u>	
Street Address <u>37 Midway Ave</u>		Street Address <u>2 Dayton Court Apt 2B</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
Director Name <u>Mable Shorrah</u>		Director Name	
Street Address <u>327 Friendship St Apt 2</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State <u>RI</u> Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative			Date
Signature of Officer/Authorized Representative <u>Walter</u>			<u>03/08/2024</u>

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 08 2024
BY ML NC7PX

FORM 631- Revised: 04/2023