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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 000823583

2. Name of Corporation The Helen Hudson Foundation

3. State of Incorporation

State: RI

NAICS CODE

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
813211

4. Principal Office Address

No. and Street: 180 MEDWAY STREET
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

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

THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE: EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, SCIENTIFIC, RELIGIOUS AND/OR LITERARY PURPOSES UNDER THE RHODE ISLAND NON-PROFIT CORPORATION ACT (TITLE 7, CHAPTER 6 OF THE RHODE ISLAND GENERAL LAWS), AS AMENDED OR SUPERSEDED FROM TIME TO TIME AND UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED , OR ANY CORRESPONDING SECTION OF ANY FUTURE SUPERSEDING FEDERAL TAX CODE, SUCH PURPOSES TO INCLUDE THE RAISING OF FUNDS AND AWARENESS FOR THE BENEFIT OF THE

MARGINALIZED CITIZENS IN OUR SOCIETY, INCLUDING, WITHOUT LIMITATION, HOMELESS AND/OR OTHER SIMILARLY DISADVANTAGED AND/OR MARGINALIZED AMERICANS.

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
PRESIDENT	THOMAS E LANE	180 MEDWAY ST PROVIDENCE, RI 02906 USA
DIRECTOR	THOMAS E. LANE	180 MEDWAY STREET PROVIDENCE, RI 02906 USA
DIRECTOR	JERRY VIOU	180 MEDWAY STREET PROVIDENCE, RI 02906 USA
DIRECTOR	LINDA LOY WHITMAN	180 MEDWAY STREET PROVIDENCE, RI 02906 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

KRISTEN PRULL MOONAN ESQ. 4 RICHMOND SQUARE SUITE 150 PROVIDENCE , RI 02906

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

Signed this 12 Day of April, 2024 at 2:02:07 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 THOMAS E. LANE
Signature of Authorized Person

Form No. 631
Revised 09/07