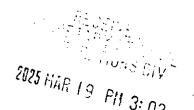
RI SOS Filing Number: 202567553540 Date: 3/19/2025 3:05:00 PM



State of Rhode Island

## Department of State - Business Services Division

Annual	Report	for t	he	year:
Non-Pr	ofit Cor	nora	tior	1'



→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

1. Entity ID Number		of the Corporation	_					
740107	1	Help 4 ALL Gods Greation						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island							
RI	HelPing Homeless People and Mimals 12+ Setting							
4. NAICS Code	And any Help that face when Helping alog							
812910	4055	Areation.						
6. Principal Office Address			City	State	Zip			
89 Borchester	Ne_		Providence	H	02909			
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name / Wild Med			Vice-President Name Rong / Jenning &					
Street Address 84 Suichesti Me			Street Address 120 WardCrest Rd					
city Providence	State	Zip (2909	city Warwich	State ZI	Zip 2886			
Secretary Name		<u> </u>	Treasurer Name Julia Med					
Street Address & Durchs Hr Ne			Street Address 89 Durchester Mr. 1					
City Providence	State	Zip (12909	City Prividence	State RI	Zip 0 2909			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment								
Director Name Rossald Jenning			Director Name					
Street Address / ZU Woodcrest Rd			Street Address & 9 Borchesty Ave					
ciny Warwielc	State	Zip 02884	City Providence	State RT	2ip 02909			
Director Name			Director Name Antonio Vitillo					
Street Address			Street Address 22 5 has St					
City	State	Zip	City Providence	State RI	z 2904			
9. The Registered Agent informat	tion of record with	the RI Department	of State is accurate. Changes requ	uire 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								
Jula Mer Juli A 140 3/3/24								
Signature of Office/Authorized Representative								
Abelia listo FILED								
MAIL TO: 1 9 20°								

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

MAR 13 /11 BY L CZ5T FORM 631 Revised: 11/2021 AA. 3:05 PM Revised: 11/2021