



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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DEPARTMENT OF STATE
BUSINESS SERVICES DIV.
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1. Entity ID Number <u>740107</u>		2. Exact name of the Corporation <u>HELP 4 ALL GODS CREATION</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Helping Homeless People and animals Pet-Sitting and any help that falls under Helping all of GODS Creation.</u>	
4. NAICS Code <u>812910</u>			
6. Principal Office Address <u>89 Dorchester Ave</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Julia Meeo</u>		Vice-President Name <u>Ronald Jennings Jr</u>	
Street Address <u>89 Dorchester Ave</u>		Street Address <u>120 Woodcrest Rd</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
Secretary Name <u>Julia Meeo</u>		Treasurer Name <u>Julia Meeo</u>	
Street Address <u>89 Dorchester Ave</u>		Street Address <u>89 Dorchester Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
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>Ronald Jennings</u>		Director Name <u>Julia Meeo</u>	
Street Address <u>120 Woodcrest Rd</u>		Street Address <u>89 Dorchester Ave</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
Director Name <u>Antonio Vitello</u>		Director Name <u>Antonio Vitello</u>	
Street Address <u>22 Stone St</u>		Street Address <u>22 Stone St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02904</u>
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 <u>Julia Meeo</u> <u>Julia Meeo</u>			Date <u>3/8/24</u>
Signature of Officer/Authorized Representative <u>Julia Meeo</u>			

FILED

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BY LCZST
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