RI SOS Filing Number: 202576156730 Date: 6/18/2025 4:00:00 PM

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

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**Annual Report for the year:** 2025
**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.

| | |
|---|---|
| 1. Entity ID Number: 792089 | 2. Exact name of the Corporation: Neighbors Helping Neighbors - Rhode Island |
| 3. State of Incorporation: Rhode Island | 5. Brief description of the character of business conducted in Rhode Island: Non-profit organization connecting resources and volunteers to community needs. |
| 4. NAICS Code: 624229 - Other Commun | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| St Andrew Lutheran Church, 15 East Beach Road | Charlestown | RI | 02813 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Emma Pion | | | Vice-President Name: Lisa Stoen Hazelwood | | |
| Street Address: 308 Arcadia Rd | | | Street Address: 44 Old Shannock Rd | | |
| City: Richmond | State: ri | Zip: 02832 | City: Wakefield | State: ri | Zip: 02879 |
| Secretary Name: Bay Bode | | | Treasurer Name: Linda Ten Eyck | | |
| Street Address: 20 Prospect Ave | | | Street Address: 111 Hoxsie Ave | | |
| City: North Kingstown | State: ri | Zip: 02852 | City: Charlestown | State: ri | Zip: 02813 |

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Kathy Stedman | | | Director Name: Elise Sinagra | | |
| Street Address: 510 Klondike Rd | | | Street Address: 82 East Quail Run | | |
| City: Charlestown | State: ri | Zip: 02813 | City: Charlestown | State: ri | Zip: 02813 |
| Director Name: Linda Tessman | | | Director Name: | | |
| Street Address: 26 Healey Brook Dr | | | Street Address: | | |
| City: Charlestown | State: ri | Zip: 02813 | City: | State: | 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 |
|---|---|
| **Linda Ten Eyck** | **6.17.25** |

Signature of Officer/Authorized Representative: L Ten Eyck

FILED

JUN 18 2025

BY DS #1237653

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

FORM 631- Revised 12/2023