

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

L. Ralph Mollts, Secretary of State

Corporations Division -148 W. River Street Providence, RI 02904-2615 401.222.3040

2007

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* 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.						
1. Corporate ID No. 131987	2. Name of Corporation The Veterans Help Network	ı, Inc.				
3 State of Incorporation	4. Corporate address in Rhode Island			City		Zio
RHODE ISLAND	825 WAKEF	FELD S	T-	WEST	UNROFCA	67793
5. Foreign corporation. Enter p	orincipal office address		City	State		Zip
TO HELP VETERANS S COUNSELING, SOCIAL	ter of the affairs which are actually condu UFFERING FROM STRESS IMPAI SERVICE REFERRALS, EDUCAT	RMENTS BETTI ION ON STRESS	ER INTEGRATE INTO THE CO S DISORDERS AND GROUP	OMMUNITY B ACTIVITIES	Y PROVIDING	PEER-LEAD
7. NAMES AND ADDRESS	SES OF THE OFFICERS: ("X" BOX	X FOR ATTACHM	IENT) 🗌 FILL IN SPACES I	EFORE USI	NG ATTACHI	MENTS
President Name			Vice President Name			
JOSEPH I	EBRITTO		Modes TO ECI	HELLAK	erin s	e.
Street Address			Street Address			
825 WAKEFI	KAD STREET		25 JUHN KC	550 1	LN.	
City	State Zip		City	State		zip 02842
WEST WARWI	A RIT 03	28 83	Middle That N	R.7		02842
Secretary Name STOPHON	ARPIN		Treasurer Name JAMES FJW	ton		
Street Address 319 Plos	vidence ST. APT.	6-3	Street Address 4 BERN	RY A	UR 69V	
City WEST WARNICK	State R I O2	893	ASSONET	state MASS		Zip 02102
	ES OF THE DIRECTORS: ("X" B	•	IMENT) THE IN SPACES I	REFORE USE	NG ATTACH	MENTS
CHARGO CONTENT	TORS OF A DOMESTIC (RHOD		The state of the s			COMP. TO COMP. OF SEC. 1.
Director Name	TORS OF A DOMESTIC (KNOD		Director Name		AN DIREC	3J. R.J.G.L. 7-0-23
(INT)) This	001/21/00]	r .	1100	~~n	
MACHINIC	CAVALEAR		LUTHER	CHR	IOR	
Street Address CFORGE	3T		Street Address 109 Rock - O:	DUND	EE R.	D
PAWT	State Zip 028		So. DARTMOUTH	State M A		^{Zip} 02-748
Director Name JACK H	ORAN		Director Name			
Street Address 16 KEMPS	ion ST		Street Address			
NEWPORT		840 1	City	State		Zip
***	N'RHODE ISLAND : DO NOT AL	D	- / Y- + - /	41 - K.I.G.L.	7-0-13 / 7-6)-78
ngent Name DAVID GREEN, ESQ.			Address			
Address		(City		Zip	
116 ORANGE STREET			PROVIDENCE		02903	•
This report mu	st be signed by either the Preside	ent, Vice Preside	ent, Secretary, Assistant Secre	etary, Treasu	ırer, Receivei	r or Trustee
			Under penalty of perio	mu I dealane a	nd affirm that	I have everying this

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By.			463 F 715	
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1 1	FOR SECRET	ary of st	ATE USE ONI	

Under penalty of perjury, I declare and affirm that I h	ave examined this
report, including any accompanying schedules and state	ements, and that all
statements contained herein are true and correct.	, 1
Jam Lill	3/6/08
Signature of Officer	Dale
JOHNES FLUTON	
Print or Type Name of Officer	
TREASURER.	

Title of Officer