



Rhode Island Ethics Commission

2024 Yearly Financial Statement

For HELEN D ANTHONY

All questions refer to the calendar year January 1, 2024 through December 31, 2024 unless otherwise specified.

Personal Information

Name	Mailing Address
HELEN D ANTHONY	654 ANGELL STREET, PROVIDENCE, RI 02906

Current Positions

Public Position(s)	Municipality, State or Regional	Date elected, appointed or hired	Date of termination or resignation
INVESTMENT BOARD	PROVIDENCE	1-10-2023	
COUNCIL, CITY, TOWN	PROVIDENCE	1-7-2019	
RETIREMENT BOARD	PROVIDENCE	1-10-2023	
BOARD OF CONTRACT & SUPPLY	PROVIDENCE	1-10-2023	

Description of Voluntary Position(s):

Description of Voluntary Position(s):	Filed On
-	05/21/2025 at 10:12AM

Elected Office Candidacies

Not Applicable.

Family Members

List full name of spouse if you were married or were a party to a civil union for any part of 2024.

Spouse Name	Filed On
Douglas C Anthony	05/21/2025 at 10:12AM

Family Income Sources

Add a response for each instance in which you, your spouse or dependent child received either \$1,000 or more gross income from an employer during 2024; or \$1,000 or more gross income through self-employment. Income received from public employment or service, including any stipend received for serving as an elected or appointed official, must be disclosed.

In your response you must also provide information regarding any instances in which you, your spouse or dependent child were self-employed and received more than \$250 in gross income for services rendered to a Rhode Island state or municipal agency.

Family Member Name	Self Employed ?	Business or Employer Name	Title/Occupation and Date of Employment	Address of Business	Services Rendered ?	Date & Nature of Services	Filed On
Self	No	Handy Law LLC	Attorney	43 Weybosset Street, Providence , RI 02906, USA	No	Not Applicable	05/21/2025 at 10:12AM
Self	No	Brown University Health	Physician	593 Eddy Street, Providence, RI 02903, USA	No	Not Applicable	05/21/2025 at 10:12AM
Self	No	City of Providence	City Councilor	25 Dorrance Street, Providence, RI 02903, USA	No	Not Applicable	05/21/2025 at 10:12AM

Real Estate

Add a response for each instance in which you, your spouse or dependent child owned or had a financial interest in any real estate, wherever located, other than real estate that is used exclusively as your principal residence, at any time during 2024.

Not Applicable.

Trust Incomes

Add a response if you, your spouse or dependent child received any income as a beneficiary of any trust. (Do not list amounts.)

Not Applicable.

Family Executive Positions

Add a response if you, your spouse or dependent child held a management position or were a director, officer, partner or trustee of any business, organization or other entity (for-profit or non-profit), whether paid or unpaid for such service.

Not Applicable.

Out-of-State Travel

Add a response if during the filing year any person or entity provided you with out-of-state travel valued at over \$250, AND you would not have been provided with such travel but for the fact that you held a public office or position. Your response will include disclosure of the source, value and description of the travel and related expenses.

Out-of-state travel includes all related expenses such as transportation, lodging, meals and entertainment. All of these expenses are considered together when determining whether the \$250 limit has been reached.

EXCEPTIONS: You do NOT have to disclose out-of-state travel that is provided to you either by your regular private employer OR by the state or municipal agency of which you are a member or by which you are employed.

Not Applicable.

Last Year Business Ownership Interests

Add a response if at any point during 2024 you, your spouse or dependent child individually or collectively held a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest in any business(including holding publicly traded stock in a company).

If you add a response to this question, you will also be required to provide additional information if the business you list either (a) was subject to direct regulation by a Rhode Island state or municipal agency or; (b) did business in excess of a total of \$250 with a Rhode Island state or municipal agency.

Did the business listed above do business in excess of a total of \$250 in a calendar year 2024 with a Rhode Island state or municipal agency? If yes, enter the name of agency, the date of transaction and the nature of the transaction.

Was the business listed above a business entity subject to direct regulation by a Rhode Island state or municipal agency?

Not Applicable.

This Year Business Ownership Interests - Regulation

This question relates to business interests that were acquired or divested AFTER calendar year 2024, that are regulated by a Rhode Island public agency. Add a response if any business in which you, your spouse or dependent child individually or collectively acquired or divested a 10% or greater ownership interest or a \$5,000 or greater ownership or investment interest (including holdings of publicly traded stocks) after January 1, 2025 but prior to filing this statement, IF said business was subject to direct regulation by a Rhode Island state or municipal agency.

Not Applicable.

This Year Business Ownership Interests - Business

This question relates to business interests that were acquired or divested AFTER calendar year 2024, that did business with a Rhode Island public agency. Add a response if any business in which you, your spouse or dependent child individually or collectively acquired or divested a 10% or greater ownership interest or a \$5,000 or greater ownership or investment interest (including holdings of publicly traded stocks) after January 1, 2025 but prior to filing this statement, IF said business had one or more business transactions with a Rhode Island state or municipal agency that, collectively, exceeded \$250.

Not Applicable.

Family Debts

If you, your spouse, or dependent child were indebted in an amount exceeding \$1,000 to any person, business, financial institution, or other organization, list the name and address of the lender or creditor. This does NOT include, and you should not list, the following types of debt:

- (a) debt owed to a family member within the third degree of consanguinity or affinity (see instructions);
- (b) debt that is secured solely by a mortgage of record on real property that is used <i>exclusively</i> as a principal residence, if the debt is held by a financial institution regulated by any state or by the United States; or
- (c) debt owed to a credit card company, unless the collection of such credit card debt resulted in court proceedings and the issuance of a default judgment that was not fully satisfied/paid by the start of the relevant filing year.

Debtor Name	Lender/Creditor Name	Lender/Creditor Address	Filed On
Douglas C. Anthony	U.S. Department of Education	FedLoan Servicing, Harrisburg, PA 17106	05/21/2025 at 10:12AM

Additional Information

Add a response if you wish to voluntarily add any additional information or provide further details concerning any of your prior answers.

Not Applicable.

Originally filed online by HELEN D ANTHONY on 05/21/2025 at 10:12AM, under the pains and penalties of perjury.