



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 58444		2. Exact name of the Corporation MILK FUND, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CONDUCT APPEAL TO PROVIDE MILK TO NEEDY CHILDREN			
5. Principal office address 9 STONE RIDGE DRIVE		City N. SMITHFIELD	State RI	Zip 02896	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name NANCY PHILLIPS			Vice-President Name DLAKE RIVERS		
Street Address 325 DUNLAP ST.			Street Address 35 BERKLEY STREET		
City WOODSOCKET	State RI	Zip 02895	City WOODSOCKET	State RI	Zip 02895
Secretary Name MICHAEL R. DARVEAU			Treasurer Name MICHAEL R. DARVEAU		
Street Address 9 STONE RIDGE DRIVE			Street Address 9 STONE RIDGE DRIVE		
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI	Zip 02896
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DAVE RICHARDS			Director Name RITA GAUDHI		
Street Address 985 PARK AVE.			Street Address 245 MAIN STREET		
City WOODSOCKET	State RI	Zip 02895	City WOODSOCKET	State RI	Zip 02895
Director Name BARRY MECHANIC			Director Name		
Street Address 75 MAIN ST.			Street Address		
City WOODSOCKET	State RI	Zip 02895	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: _____
 Check No: _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FEB 06 2013

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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.

Signature of Officer: _____ Date: **2/6/13**

DS 2:46
MICHAEL R. DARVEAU
 Print or Type Name of Officer
SECRETARY / TREASURER
 Title of Officer