



**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 2013**

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. <b>33879</b>		2. Exact name of the Corporation <b>The Interfaith Community Dire Emergency Fund</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>ASSISTANCE TO THE POOR WITH UTILITIES, RENT , PRESCRIPTION, FOOD, ETC</b>			
5. Principal office address <b>1 CATHEDRAL SQUARE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>					
President Name <b>JOHN J BARRY III</b>		Vice-President Name <b>THE REV. DONALD C. ANDERSON</b>			
Street Address <b>118 DIVISION ST</b>		Street Address <b>277 FISHING COVE RD.</b>			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>N KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>JAMES R JAHNZ</b>		Treasurer Name <b>RABBI MARC S JAGOLINZER</b>			
Street Address <b>5 SAMUEL STEPHENS DR</b>		Street Address <b>82 BAYSIDE AVE</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>					
Director Name <b>JOHN J BARRY III</b>		Director Name <b>THE REV. DONALD C ANDERSON</b>			
Street Address <b>118 DIVISION ST</b>		Street Address <b>277 FISHING COVE RD</b>			
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>N KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
Director Name <b>JAMES R JAHNZ</b>		Director Name <b>RABBI MARC S JAGOLINZER</b>			
Street Address <b>5 SAMUEL STEPHENS DR</b>		Street Address <b>82 BAYSIDE AVE</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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**FILED**

**MAY 09 2013**

Form No. 631  
Revised: 05/2012

By *mnc*  
*CA #19647*

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.

**MAY 3, 2013**

Signature of Officer

Date

**JAMES R JAHNZ**

Print or Type Name of Officer

**SECRETARY**

Title of Officer