



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

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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