



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. <u>29466</u>		2. Exact name of the Corporation <u>WEST WARWICK ASSISTANCE AGENCY, INC.</u>			
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>LOCAL FOOD BANK</u>			
5. Principal office address <u>1293 MAIN STREET</u>			City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>
LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>DANIEL SYLVESTER</u>			Vice-President Name <u>WILLIAM SLINKO</u>		
Street Address <u>33 GRANDVIEW DR.</u>			Street Address <u>34 FERNWOOD DRIVE</u>		
City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name <u>DILLIA SYLVESTER</u>			Treasurer Name <u>NORMAND PLANTE</u>		
Street Address <u>33 GRANDVIEW DR.</u>			Street Address <u>18 PAYAN STREET</u>		
City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>
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 <u>PAUL SUPPLE</u>			Director Name <u>JIM HOPKINS</u>		
Street Address <u>66 HILLTOP AVENUE</u>			Street Address <u>1 KRISTIE CT</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>
Director Name <u>DONALD DUNNING</u>			Director Name <u>RONALD MESSIER</u>		
Street Address <u>50 PATTON STREET</u>			Street Address <u>3 KING STREET</u>		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02880</u>
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
 JUN 04 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.
Normand G. Plante 6/3/2013
 Signature of Officer Date
NORMAND G. PLANTE
 Print or Type Name of Officer
TREASURER
 Title of Officer