



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2013 JUL 12 AM 11:45

1. Entity ID No. 0059863		2. Exact name of the Corporation Good Friday Walk	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Support the Homeless/Hunger	
5. Principal office address 239 Oxford St		City Prov	State RI
		Zip 02907	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Sr Mary Reilly		Vice-President Name Betsy Garland	
Street Address 239 Oxford St		Street Address 300 Weybosset St	
City Prov	State RI	City Prov	State RI
Zip 02905		Zip 02903	
Secretary Name Diane Burdatt		Treasurer Name Ronn Fortes	
Street Address 5 Greene St		Street Address 485 Plainfield St	
City Prov	State RI	City Prov	State RI
Zip 02903		Zip 02909	
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 Sr Ann Keefe		Director Name Sr Joan Rakicki	
Street Address 239 Oxford St		Street Address 200 Niagara St	
City Prov	State RI	City Prov	State RI
Zip 02905		Zip 02907	
Director Name Thomas Rossetti		Director Name Andrew Schill	
Street Address 791 Plainfield St		Street Address 209 Mantic Ave 200 Niagara St	
City Prov	State RI	City Prov	State RI
Zip 02909		Zip 02907	
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

JUL 12 2013

on 201386

11:45

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: Ronn Fortes Date: 7/12/13
 Print or Type Name of Officer: RONN FORTES
 Title of Officer: Treasurer