



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. 58444		2. Exact name of the Corporation MILK FUND, INC.		2013 AUG 13 PM 2:39	
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 R.I.	Zip 02896	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name NANCY PHILLIPS		Vice-President Name DAVE RICHARDS			
Street Address 325 DUNLAP ST.		Street Address 985 PARK AVE.			
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State R.I.	Zip 02895
Secretary Name MICHAEL R. DARVEAU		Treasurer Name MICHAEL R. DARVEAU			
Street Address 9 STONE RIDGE DRIVE		Street Address 9 STONE RIDGE DR.			
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 BARRY MECHANIC		Director Name RITA GANDAL			
Street Address 33 ROELKER DRIVE		Street Address 245 MAIN ST.			
City EAST GREENWICH	State R.I.	Zip 02818	City WOONSOCKET	State RI	Zip 02895
Director Name JOHN WARD		Director Name			
Street Address 166 GETCHELL AVE.		Street Address			
City WOONSOCKET	State R.I.	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

File Date: _____
Check No: _____
By: _____
FOR SECRETARY OF STATE USE ONLY
By: 203619

FILED

2:14 pm

AUG 13 2013

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: [Signature] Date: 8/13/13
Print or Type Name of Officer: MICHAEL R. DARVEAU
Title of Officer: SECRETARY/TREASURER

KCM