



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

2013

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 00787600		2. Exact name of the Corporation Northern Rhode Island Food Pantry Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Giving food to the needy			
5. Principal office address 10 Nate Whipple Highway (P.O. Box 7833)		City Cumberland		State RI	Zip 02864
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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

FILED

JAN 30 2014

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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 _____ Date **01/29/2014**

Robert A Chaput

Print or Type Name of Officer

Treasurer

Title of Officer

Attachment to Form No. 631

Northern Rhode Island Food Pantry Inc
Entity ID No. 00787600
List of Officers

Co-Director – Jane Peach, 134 Olney Arnold Rd, Cranston, RI 02917

Co-Director – Diane D'Ambra, 31 Follett St, Cumberland, RI 02864

Secretary – Carolyn Murray, 12 Jasons Grant Drive, Cumberland, RI 02864

Treasurer – Robert Chaput, 46 High Ridge Drive, Cumberland, RI 02864

Assistant Treasurer – Craig Dwyer, 7 Barway Lane, Cumberland, RI 02864

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BY TD 787600

Attachment to Form No 631

**Northern Rhode Island Food Pantry Inc.
Entity ID No. 00787600
Board of Directors**

Philip Avenia, 104 Old River Road, Lincoln, RI 02865
Denise Belisle, 71 Staples Rd, Cumberland, RI 02864
Robert Chaput, 46 High Ridge Drive, Cumberland, RI 02864
Diane D'Ambra, 31 Follett St, Cumberland, RI 02864
Craig Dwyer, 7 Barway Lane, Cumberland, RI 02864
Kimberly Hawthorne, 112 Canning St, Cumberland, RI 02864
Lisa Lydon, 7 Larchwood Drive, Cumberland, RI 02864
Melissa Masquelette, 26 Twin Oaks Drive, Hope, RI 02831
Carolyn Murray, 12 Jasons Grant Drive, Cumberland, RI 02864
Jane Peach, 134 Olney Arnold Rd, Cranston, RI 02921
Joseph A Trudeau, 239 Sneeched Pond Rd, Cumberland, RI 02864
Bill Wilson, 498 Pheasant Run, Smithfield, RI 02917

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