



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 161946		2. Exact name of the Corporation Ezekiel Charitable Ministries, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non Profit - Assisting people in need with food, clothing and monetary needs			
5. Principal office address 74 Baker Pines Rd.			City Wyoming	State RI	Zip 02898
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kathleen M. Minchak			Vice-President Name Joshua A. McClure		
Street Address 74 Baker Pines Rd.			Street Address 24 Fields View Rd.		
City Wyoming	State RI	Zip 02898	City Bradford	State RI	Zip 02808
Secretary Name Gregory J. Minchak			Treasurer Name Kathleen M. Shaw		
Street Address 74 Baker Pines Rd.			Street Address 9 Hillview Ave.		
City Wyoming	State RI	Zip 02898	City North Scituate	State RI	Zip 02857
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 Kathleen M. Minchak			Director Name Gregory J Minchak		
Street Address 74 Baker Pines Rd.			Street Address 74 Baker Pines Rd.		
City Wyoming	State RI	Zip 02898	City Wyoming	State RI	Zip 02898
Director Name Kathleen M. Shaw			Director Name		
Street Address 9 Hillview Ave.			Street Address		
City North Scituate	State RI	Zip 02857	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, duly Authorized Representative, Receiver or Trustee

File Date _____

FILED

Check No _____

JUN 02 2014

By: _____

FOR SECRETARY OF STATE USE ONLY

BY _____

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.

Kathleen M. Minchak 6/1/14
 Signature of Officer or Authorized Representative Date

Kathleen M. Minchak

Print or Type Name of Officer or Authorized Representative