



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000074319

2. Name of Corporation INTERFAITH FOOD MINISTRY, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 95 HATHAWAY CENTER

City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO DISTRIBUTE FOOD TO PERSONS IN NEED.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	LINDA MANCINI	365 SIMMONSVILLE AVE., #2105 JOHNSTON, RI 02919 USA
SECRETARY	JAMES RIGHIE	21 ASHLEY ST. CRANSTON, RI 02920 USA
VICE PRESIDENT	LEON RUHLE	777 COWESETT RD., #C-305

		WARWICK, RI 02886 USA
PRESIDENT	MICHAEL SHELDON	520 SMITHFIELD ROAD, APT 302 NORTH PROVIDENCE, RI 02904- USA
DIRECTOR	PAUL MANCINI	365 SIMMONSVILLE AVE., #2105 JOHNSTON, RI 02919 USA
DIRECTOR	KEN KINOIAN	140 SUFFOLK DR. NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	SHIRLEY SIBIELSKI	133 SAGAMORE RD. CRANSTON, RI 02920 USA
DIRECTOR	MARIANNE PHELAN	35 JONATHAN WAY CRANSTON, RI 02920 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHAEL SHELDON 520 SMITHFIELD ROAD, APT. 302 NORTH PROVIDENCE , RI 02904-

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of June, 2014 at 10:47:56 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL J. SHELDON
Signature of Authorized Person

Form No. 631
Revised 09/07

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