



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

Foreign Non-Profit
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: 2015

1. Corporate ID No. 000793896

2. Name of Corporation UNFI Foundation

3. State of Incorporation

State: DE

4. Corporate Address in Rhode Island

No. and Street: 313 IRON HORSE WAY

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 313 IRON HORSE WAY

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

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

CHARITABLE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVEN SPINNER	313 IRON HORSE WAY PROVIDENCE, RI 02908 USA
TREASURER	LISA N'CHONON	313 IRON HORSE WAY PROVIDENCE, RI 02908 USA
SECRETARY	ANNE NICHELSON	313 IRON HORSE WAY PROVIDENCE, RI 02908 USA
DIRECTOR	STEVEN SPINNER	313 IRON HORSE WAY PROVIDENCE, RI 02908 USA

DIRECTOR	SUSAN ROBERTS	313 IRON HORSE WAY PROVIDENCE, RI 02908 USA
DIRECTOR	THOMAS DZIKI	313 IRON HORSE WAY PROVIDENCE, RI 02908 USA
DIRECTOR	MELODY MEYER	313 IRON HORSE WAY PROVIDENCE, RI 02908 USA
DIRECTOR	MICHAEL S. FUNK	313 IRON HORSE WAY PROVIDENCE, RI 02908 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**

E. COLBY CAMERON, ESQ. 301 PROMENADE STREET PROVIDENCE , RI 02908

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

Signed this 21 Day of May, 2015 at 10:08:30 AM 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 LISA NCHONON, TREASURER
Signature of Authorized Person

Form No. 631
Revised 09/07