



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 2015

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.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CONDUCT AN ANNUAL APPEAL TO PROVIDE MILK TO NEEDY CHILDREN			
5. Principal office address 9 STONE RIDGE DRIVE		City N. SMITHFIELD	State RI	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 STREET			Street Address 985 PARK AVE.		
City WOODSOCKET	State RI	Zip 02895	City WOODSOCKET	State RI	Zip 02895
Secretary Name MICHAEL DARVEAU			Treasurer Name MICHAEL DARVEAU		
Street Address 9 STONE RIDGE DR.			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 BITA GAUDHI		
Street Address 33 ROELKER DRIVE			Street Address 800 CLYTON ST.		
City EAST GREENWICH	State RI	Zip 02818	City WOODSOCKET	State RI	Zip 02895
Director Name NANCY PHILLIPS			Director Name		
Street Address 325 DUNLAP STREET			Street Address		
City WOODSOCKET	State RI	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.					

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 SECRETARY OF STATE
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This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

DEC 02 2015

By A.A.

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] 12/2/15
 Signature of Officer or Authorized Representative Date
SECRETARY/TREASURER
MICHAEL R. DARVEAU
 Print or Type Name of Officer or Authorized Representative