



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:** 2016

**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	ALISHA REAL	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 24 Day of May, 2016 at 12:58:15 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 LISA N'CHONON, TREASURER  
Signature of Authorized Person

Form No. 631  
Revised 09/07