



**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.** 000790207

**2. Name of Corporation** Racing to Stop Hunger Foundation

**3. State of Incorporation**

State: OR

**4. Corporate Address in Rhode Island**

No. and Street: C/O CT CORPORATION SYSTEM  
450 VETERANS MEMORIAL PARKWAY,  
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 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**

HOST A VARIETY OF FUNDRAISING CAMPAIGNS AND FOOD DRIVES

**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	JENNIFER HUDSON	PO BOX 10047 PORTLAND, OR 97296 USA
TREASURER	RICHARD D. PEACH	PO BOX 10047 PORTLAND, OR 97296 USA
SECRETARY	PETER B. SABA	PO BOX 10047 PORTLAND, OR 97296 USA

DIRECTOR	RICHARD D. PEACH	PO BOX 10047 PORTLAND, OR 97296 USA
DIRECTOR	JENNIFER HUDSON	PO BOX 10047 PORTLAND, OR 97296 USA
DIRECTOR	PETER B. SABA	PO BOX 10047 PORTLAND, OR 97296 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**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 26 Day of May, 2016 at 2:19:59 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 PETER B. SABA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations  
All Rights Reserved