



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 **2016**

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. 137358		2. Exact name of the Corporation UFCW Local 328 Charitable Foundation			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Raising money for distribution to other charitable organizations			
5. Principal office address 278 Silver Spring Street		City Providence	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Timothy M. Melia			Vice-President Name none		
Street Address 170 Setucket Road			Street Address		
City Yarmouthport	State MA	Zip 02675	City	State	Zip
Secretary Name Domenic T. Pontarelli			Treasurer Name Cynthia A. Estevao		
Street Address 44 Hillside Avenue			Street Address 262 Shady Valley Road		
City East Providence	State RI	Zip 02914	City Coventry	State RI	Zip 02816
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 Timothy M. Melia			Director Name Cynthia A. Estevao		
Street Address 170 Setucket Road			Street Address 262 Shady Valley Road		
City Yarmouthport	State MA	Zip 02675	City Coventry	State RI	Zip 02816
Director Name Domenic T. Pontarelli			Director Name none		
Street Address 44 Hillside Avenue			Street Address		
City East Providence	State RI	Zip 02914	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.					

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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUN 13 2016
 BY **KL 300**

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 of Officer or Authorized Representative _____ Date **06/01/2016**

Timothy M. Melia, President

Print or Type Name of Officer or Authorized Representative