



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 29466		2. Exact name of the Corporation WEST WARWICK ASSISTANCE AGENCY, INC	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island LOCAL FOOD BANK	
5. Principal Office Address 1293 MAIN STREET		City WEST WARWICK	State RI
		Zip 02893	<input type="checkbox"/>
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DANIEL SYLVESTER		Vice-President Name WILLIAM SUNKO	
Street Address 33 GRANDVIEW DR		Street Address 34 FERNWOOD DR	
City WEST WARWICK	State RI	City CRANSTON	State RI
Zip 02893		Zip 02920	
Secretary Name DILLIA SYLVESTER		Treasurer Name NORMAND PLANTE	
Street Address 33 GRANDVIEW DR		Street Address 18 PAYAN STREET	
City WEST WARWICK	State RI	City WEST WARWICK	State RI
Zip 02893		Zip 02893	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name PAUL SUPPLE		Director Name JIM HOPKINS	
Street Address 66 HILLTOP AVE.		Street Address 1 KRISTIE COURT	
City CRANSTON	State RI	City WEST WARWICK	State RI
Zip 02920		Zip 02893	
Director Name LOUISE KISKA		Director Name RONALD MESSIER	
Street Address 29 MILL STREET		Street Address 3 KING STREET	
City WEST WARWICK	State RI	City WARWICK	State RI
Zip 02893		Zip 02886	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative NORMAND PLANTE			Date 6/16/2016
Signature of Officer/Authorized Representative <i>Normand Plante</i>			SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED ✓

JUN 20 2016

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