

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	2 Event					
1657597		2. Exact name of the Corporation				
103/39/	Pawtucke	Pawtucket Backpackers				
State of Incorporation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island		We provide weekend supplemental meals to food insecure childrenin Pawtucket, RI				
5. Principal Office Address			City	State	Zip	
78 Auburn Street			Pawtucket	RI	02860	
6. List ALL officers (names a				Check the box to i	ndicate an attachment 🗸	
President Name Arny Macedo			Vice-President Name Meredith Sinei			
Street Address 111 Lowden Street			Street Address 116 Lafayette Street			
City Pawtucket	State RI	^{Zip} 02860	City Pawtucket	State RI	^{Zip} 02860	
Secretary Name Jade Rosendale			Treasurer Name Amy Macedo			
Street Address 36 Lauriston Street			Street Address 111 Lowden Street			
^{City} Providence	State RI	^{Zip} 02860	City Pawtucket	State RI	^{Zip} 02860	
7. List ALL directors (names a	and addresses). I	RI Corporations MI	UST list at least THREE dire	ectors.		
Director Name				Check the box t	to indicate an attachment	
Director Name Amy Macedo			Director Name Katherine McQuade			
Street Address 111 Lowden Street			Street Address 78 Auburn Street			
^{City} Pawtucket	State RI	^{Zip} 02860	City Pawtucket	State RI	^{Zip} 02860	
Director Name Jade Rosendale			Director Name Meredith Sinel			
Street Address 36 Lauriston Street			Street Address 116 Lafayette Street			
City Providence	State RI	Zip 02860	City Pawucket	State RI	Zip 02860	
8. Registered Agent in Rhode	Island. This infor	nation is currently of	record in the Department of Sta	ite. Changes require filing	Form 641	
Under penalty of perjury, I d statements, and that all stat	eclare and affin	m that I have exac	nined this report includin	g any accompanying	schedules and	
This report must be signed by either th	e President Vice-Pre	sident Secretary Assis	e and correct.			
Name of Officer/Authorized Re	epresentative	diddin, occirciary, Assist	ant Secretary, Treasurer, duly Autho		ver or Trustee.	
Arny ML Macedo				Date 2/12/2017		
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 1 5 2017

