



**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

**Non-Profit Corporation  
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:** 2017

**1. Corporate ID No.** 000787600

**2. Name of Corporation** The Northern RI Food Pantry

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 10 NATE WHIPPLE HIGHWAY  
P.O. BOX 7833

City or Town: CUMBERLAND

State: RI Zip: 02864 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**

TO PROVIDE FOOD, CLOTHING AND OTHER NECESSITIES AS MAY BE AVAILABLE TO THE POOR, DISTRESSED AND UNDERPRIVILEGED

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	ROBERT A CHAPUT	46 HIGH RIDGE DRIVE CUMBERLAND, RI 02864 USA
SECRETARY	LISA LYDON	7 LARCHWOOD DRIVE CUMBERLAND, RI 02864 USA
CO-EXECUTIVE DIRECTOR	KIMBERLY HAWTHORNE	112 CANNING ST CUMBERLAND, RI 02864 USA
ASST TREASURER	PHIL AVENIA	104 OLD RIVER RD LINCOLN, RI 02864 USA
DIRECTOR	DONNA AUGER	9 CIDER CT CUMBERLAND, RI 02864 USA
DIRECTOR	DEBBIE BEANLAND	46 ORDWAY ST PAWTUCKET, RI 02864 USA
DIRECTOR	DIANE DAMBRA	200 HEROUX BLVD, #1701 CUMBERLAND, RI 02864 USA
DIRECTOR	CHANNLUCKNA MAM	40 GARDEN ST JOHNSTON, RI 02919 USA
DIRECTOR	CHARLES MARCOTTE	124 OLD RIVER RD LINCOLN, RI 02864 USA
DIRECTOR	VERA MARTIN	9 NEW CLARK RD CUMBERLAND, RI 02864 USA
DIRECTOR	BETH SHERIDAN	11 WEDGEWOOD DR CUMBERLAND, RI 02864 USA
DIRECTOR	BILL WILSON	498 PHEASANT RUN SMITHFIELD, RI 02917 USA
DIRECTOR	JEFF WHITFIELD	4 SUNNYSIDE DR CUMBERLAND, RI 02864 USA
DIRECTOR	JANE PEACH	5 DIORE COURT NORTH SMITHFIELD, RI 02896 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**

MICHELLE D. BAKER, ESQ. 1420 MENDON ROAD CUMBERLAND , RI 02864

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

**Signed this 13 Day of June, 2017 at 3:13:39 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 ROBERT A CHAPUT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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