



**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. 000030469

2. Name of Corporation Meals on Wheels of RI, Inc.

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: 70 BATH STREET
City or Town: PROVIDENCE State: RI Zip: 02908 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 DELIVER MEALS AND PROVIDE OTHER SERVICES TO THE HOMEBOUND ELDERLY IN THE STATE OF RI

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	LAUREN AMARAL	5 LEDGEMONT LANE DARTMOUTH, MA 02748 USA
SECRETARY	JOHN MORAN	660 WEST MAIN ROAD LITTLE COMPTON, RI 02837 USA
CHAIRMAN	HAROLD BURNS	45 SEA VIEW AVE RIVERSIDE, RI 02915 USA
VICE CHAIR	KRISTIN MATSKO	65 RIDGEWAY AVE WARWICK, RI 02889 USA
PAST CHAIR	MICHAEL GIANFRANCESCO	21 BEAVER CREEK CT CRANSTON, RI 02921 USA
EXECUTIVE DIRECTOR	HEATHER AMARAL	1647 FRENCHTOWN RD EAST GREENWICH, RI 02818 USA
NUTRITION DIRECTOR	PAULINE ASPRINIO	7 WHITEHALL DR WARWICK, RI 02888 USA
PROGRAM DIRECTOR	DIANE BRISSETTE	19 MATTESON ST COVENTRY, RI 02816 USA
OPERATIONS DIRECTOR	LAURIANNE KAPLAN	72 READ AVENUE COVENTRY, RI 02816 USA
DEVELOPMENT & PR	MARLENE LEROY	25 11TH STREET PROVIDENCE, RI 02906 USA
FINANCE & MIS DIRECTOR	PATRICIA SULLIVAN	53 HARRIS AVENUE WARREN, RI 02885 USA
DIRECTOR	KEVIN MILLONZI	25 BELKNAP FARM DR JOHNSTON, RI 02919 USA
DIRECTOR	PATRICIA PAOLA	167 WINTER STREET, APT. 4 WAKEFIELD, RI 02879 USA
DIRECTOR	SUSAN POMFRET	55 WEST WRENTHAM RD CUMBERLAND, RI 02864 USA
DIRECTOR	HELEN MACDONALD	188 BENEFIT STREET, APT. 5 PROVIDENCE, RI 02903 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**

ALICIA J. SAMOLIS, ESQ. 40 WESTMINSTER STREET, SUITE 1100 PROVIDENCE , RI 02903

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

Signed this 29 Day of June, 2017 at 9:35:21 AM 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 JOHN MORAN, SECRETARY
Signature of Authorized Person

Form No. 631
Revised 09/07

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