



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

Annual Report for the year: 2018

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 <u>000161946</u>		2. Exact name of the Corporation <u>Ezekiel Charitable Ministries, Inc</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Non-profit → assisting people in need with food, clothing + utilities necessities.</u>	
4. NAICS Code <u>624190</u>			
6. Principal Office Address <u>74 Baker Pines Rd.</u>		City <u>Wyoming</u>	State <u>RI</u>
		Zip <u>02898</u>	
7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Kathleen M Minchak</u>		Vice-President Name <u>Joshua A. McClure</u>	
Street Address <u>74 Baker Pines Rd.</u>		Street Address <u>24 Fieldsview Rd.</u>	
City <u>Wyoming</u>	State <u>RI</u>	City <u>Bradford</u>	State <u>RI</u>
Zip <u>02898</u>		Zip <u>02808</u>	
Secretary Name <u>Gregory J Minchak</u>		Treasurer Name <u>Kathleen M Shaw</u>	
Street Address <u>74 Baker Pines Rd.</u>		Street Address <u>9 Hillview Rd.</u>	
City <u>Wyoming</u>	State <u>RI</u>	City <u>No. Scituate</u>	State <u>RI</u>
Zip <u>02898</u>		Zip <u>02857</u>	
8. 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 <u>Kathleen M Minchak</u>		Director Name <u>Joshua A. McClure</u>	
Street Address <u>74 Baker Pines Rd.</u>		Street Address <u>24 Fieldsview Rd.</u>	
City <u>Wyoming</u>	State <u>RI</u>	City <u>Bradford</u>	State <u>RI</u>
Zip <u>02898</u>		Zip <u>02808</u>	
Director Name <u>Kathleen M Shaw</u>		Director Name <u>Gregory J. Minchak</u>	
Street Address <u>9 Hillview Rd.</u>		Street Address <u>74 Baker Pines Rd.</u>	
City <u>No. Scituate</u>	State <u>RI</u>	City <u>Wyoming</u>	State <u>RI</u>
Zip <u>02857</u>		Zip <u>02898</u>	
9. 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 <u>Kathleen M. Minchak</u>			Date <u>5/26/18</u>
Signature of Officer/Authorized Representative <u>Kathleen M Minchak</u>			

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

MAY 29 2018

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