



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

Annual Report for the year:

Non-Profit Corporation

2018

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

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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