



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 507875		2. Exact name of the Corporation Firm Foundation RI Ministries			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island We exist to proclaim and promote the Christian gospel through the church.			
4. NAICS Code 813110 - Religious Organiza <input type="checkbox"/>					
6. Principal Office Address 2361 Mendon Road		City Woonsocket	State RI	Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Moriello		Vice-President Name Susan Moriello			
Street Address 2361 Mendon Road		Street Address 2361 Mendon Road			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Tanya Hay		Treasurer Name Tanya Hay			
Street Address 12 Sunset Avenue		Street Address 12 Sunset Avenue			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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 James Moriello		Director Name Susan Moriello			
Street Address 2361 Mendon Road		Street Address 2361 Mendon Road			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Tanya Hay		Director Name Scott Lanctot			
Street Address 2361 Mendon Road		Street Address 17 Jencks Road			
City Woonsocket	State RI	Zip 02895	City Cumberland	State RI	Zip 02864
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative James Moriello				Date 6/9/2018	
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

***Additional Director:**
Brian Violette
 97 Baxter Street
 Woonsocket RI 02895

JUN 11 2018