



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

FILED

JUN 11 2018

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

BY 2843

1 Entity ID Number <u>29466</u>		2 Exact name of the Corporation <u>WEST WARWICK ASSISTANCE AGENCY INC.</u>	
3 State of Incorporation <u>RI</u>		5 Brief description of the character of business conducted in Rhode Island <u>LOCAL FOOD BANK</u>	
4 NAICS Code <u>624210</u>			
6 Principal Office Address <u>1293 MAIN STREET</u>		City <u>WEST WARWICK</u>	State <u>RI</u>
		Zip <u>02893</u>	
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>DANIEL SYLVESTER</u>		Vice-President Name <u>WILLIAM SLINKO</u>	
Street Address <u>33 GRANDVIEW DR</u>		Street Address <u>34 FERNWOOD DR</u>	
City <u>WEST WARWICK</u>	State <u>RI</u>	City <u>CRAWFORD</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02920</u>	
Secretary Name <u>DILLIA SYLVESTER</u>		Treasurer Name <u>NORMAND PLANTE</u>	
Street Address <u>33 GRANDVIEW DR</u>		Street Address <u>18 PAYAN ST</u>	
City <u>WEST WARWICK</u>	State <u>RI</u>	City <u>WEST WARWICK</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02893</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>LEWIS KISKA</u>		Director Name <u>RONALD MESSIER</u>	
Street Address <u>29 MILL STREET</u>		Street Address <u>3 KING STREET</u>	
City <u>WEST WARWICK</u>	State <u>RI</u>	City <u>WARWICK</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02886</u>	
Director Name <u>JIM HOPKINS</u>		Director Name <u>RAYMOND DAUPHINS</u>	
Street Address <u>1 KIRSTIE COURT</u>		Street Address <u>12 CARL ROAD RD</u>	
City <u>WEST WARWICK</u>	State <u>RI</u>	City <u>WEST WARWICK</u>	State <u>RI</u>
Zip <u>02893</u>		Zip <u>02817</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>NORMAND PLANTE</u>			Date <u>6/1/2018</u>
Signature of Officer/Authorized Representative <u>Normand Plante</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

FORM 631 - Revised 11/2017