



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

FILED

JUN 11 2018

Annual Report for the year:

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

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

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