



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
 2018 JUN 18 PM 2:56

1. Entity ID Number 1026027		2. Exact name of the Corporation VITTLES for VETS			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO COLLECT DONATIONS FOR FOOD AND OTHER TYPE OF GIFT CARDS TO BE DISTRIBUTED TO ARMED SERVICES VETERANS AND THEIR FAMILIES LIVING AT OR BELOW THE POVERTY LEVEL			
4. NAICS Code 624210 - Community Food Se <input type="checkbox"/>					
6. Principal Office Address 7757 WALKER FARMS DRIVE			City RADFORD	State VA	Zip 24141
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM MCCANN			Vice-President Name ERNEST BOISVERT		
Street Address 7757 WALKER FARMS DRIVE			Street Address 61 MORIN STREET		
City RADFORD	State VA	Zip 24141	City WOONSOCKET	State RI	Zip 02895
Secretary Name DOMENIC FLORIO			Treasurer Name WILLIAM MCCANN		
Street Address 66 PINEWOOD DRIVE			Street Address 7757 WALKER FARMS DRIVE		
City NORTH PROVIDENCE	State RI	Zip 02904	City RADFORD	State VA	Zip 24241
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 WILLIAM MCCANN			Director Name ERNEST BOISVERT		
Street Address 7757 WALKER FARMS DRIVE			Street Address 61 MORIN STREET		
City RADFORD	State VA	Zip 24141	City WOONSOCKET	State RI	Zip 02895
Director Name DOMENIC FLORIO			Director Name		
Street Address 66 PINEWOOD DRIVE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
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 WILLIAM MCCANN					Date June 12 2018
Signature of Officer/Authorized Representative <i>William C. McCann</i>					FILED JUN 18 2018 BY <i>[Signature]</i> 1004