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 DIV.
2018 JUN 18 PM 2:

1. Entity ID Number	2. Exact name of the Corporation
1026027	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	

6. Principal Office Address	City	State	Zip
7757 WALKER FARMS DRIVE	RADFORD	VA	24141

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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.

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: WILLIAM MCCANN

Date: June 12 2018

FILED

Signature of Officer/Authorized Representative: William C. McCann

JUN 18 2018

BY 1004

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