



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000030469

**2. Name of Corporation** Meals on Wheels of RI, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 70 BATH STREET  
City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO DELIVER MEALS AND PROVIDE OTHER SERVICES TO THE HOMEBOUND ELDERLY IN THE STATE OF RI

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	LAUREN AMARAL	5 LEDGEMONT LANE DARTMOUTH, MA 02748 USA
SECRETARY	JOHN MORAN	660 WEST MAIN ROAD LITTLE COMPTON, RI 02837 USA
CHAIRMAN	HAROLD BURNS	45 SEA VIEW AVE RIVERSIDE, RI 02915 USA
VICE CHAIR	KRISTIN MATSKO	65 RIDGEWAY AVE WARWICK, RI 02889 USA
EXECUTIVE DIRECTOR	HEATHER AMARAL	1647 FRENCHTOWN RD EAST GREENWICH, RI 02818 USA
OPERATIONS DIRECTOR	LAURIANNE KAPLAN	72 READ AVENUE COVENTRY, RI 02816 USA
FINANCE & MIS DIRECTOR	PATRICIA SULLIVAN	53 HARRIS AVENUE WARREN, RI 02885 USA
DEVELOPMENT DIRECTOR	KAREN WEAVILL	7 WAKE ROBIN RD, UNIT 312 LINCOLN, RI 02865 USA
DIRECTOR OF NUTRITION SERVICES	DIANE BRISSETTE	19 MATTESON ST COVENTRY, RI 02816 USA
DIRECTOR	HELEN MACDONALD	188 BENEFIT STREET, APT. 5 PROVIDENCE, RI 02903 USA
DIRECTOR	KEVIN MILLONZI	25 BELKNAP FARM DR JOHNSTON, RI 02919 USA
DIRECTOR	PATRICIA PAOLA	167 WINTER STREET, APT. 4 WAKEFIELD, RI 02879 USA
DIRECTOR	STEVEN CRISCIONE	1031 TOWN FARM RD COVENTRY, RI 02816 USA
DIRECTOR	JAMES JOLY	289 ORCHARD WOODS DR SAUNDERSTOWN, RI 02874 USA
DIRECTOR	PETER MARINO	36 HARWICH RD PROVIDENCE, RI 02906 USA
DIRECTOR	COREY MCCARTY	75 TOMAHAWK TRAIL CRANSTON, RI 02921 USA
DIRECTOR	DANIEL MURPHY	115 PARTRIDGE RUN EAST GREENWICH, RI 02818 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ALICIA J. SAMOLIS, ESQ. 40 WESTMINSTER STREET, SUITE 1100 PROVIDENCE , RI 02903

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 29 Day of June, 2018 at 11:42:44 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By JOHN MORAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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