



**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: 2019

1. Corporate ID No. 000030158

2. Name of Corporation RHODE ISLAND FOOD DEALERS ASSOCIATION

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

6

813920

4. Corporate Address in Rhode Island

No. and Street: 450 VETERANS MEMORIAL PARKWAY
SUITE 801

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 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 REPRESENT THE INDUSTRY, TO ASSIST THE RETAIL AND SUPPLY MEMBERS IN INCREASING THEIR CURRENT AND FUTURE EFFECTIVENESS AND PROFITABILITY THROUGH INFORMATION, EDUCATION AND LEGISLATIVE REPRESENTATION.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVEN J ARTHURS	450 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02914
DIRECTOR	JAMES MURPHY	450 VETERANS MEMORIAL PKY SUITE 801 EAST PROVIDENCE , RI 02914 USA
DIRECTOR	ANTONIO FONSECA	450 VETERANS MEMORIAL PKY EAST PROVIDENCE, RI 02914 USA
DIRECTOR	SUSAN BUDLONG	450 VETERANS MEMORIAL PKY SUITE 801 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	JEFFREY ANTIL	450 VETERANS MEMORIAL PKY EAST PROVIDENCE, RI 02914 USA
DIRECTOR	STEVEN WILLS	450 VETERANS MEMORIAL PKY SUITE 801 EAST PROVIDENCE, RI 02914 USA
DIRECTOR	SCOTT DANIS	450 VETERANS MEMORIAL PKY EAST PROVIDENCE, RI 02914 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**

STEVEN J. ARTHURS 450 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE , RI 02914

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

Signed this 13 Day of May, 2019 at 7:27:31 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 STEVEN J ARTHURS
Signature of Authorized Person

Form No. 631
Revised 09/07