



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

FILED

Annual Report for the year:

2019

Non-Profit Corporation

MAY 20 2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY

1436 DS

1. Entity ID Number 000 1161 946		2. Exact name of the Corporation Ezekiel Charitable Ministries, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-profit assisting people in need with food, clothing and utilities necessities.	
4. NAICS Code 624190			
6. Principal Office Address 74 Baker Pines Rd.		City Wyoming	State RI Zip 02898
7. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name Kathleen M. Minchak		Vice-President Name Joshua A. McClure	
Street Address 74 Baker Pines Rd.		Street Address 24 Fieldview Rd.	
City Wyoming	State RI Zip 02898	City Bradford	State RI Zip 02808
Secretary Name Kathleen M. Shaw		Treasurer Name Gregory J. Minchak	
Street Address 9 Hillview Rd.		Street Address 74 Baker Pines Rd.	
City No. Scituate	State RI Zip 02857	City Wyoming	State RI Zip 02898
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 Kathleen M. Minchak		Director Name Kathleen M. Shaw	
Street Address 74 Baker Pines Rd.		Street Address 9 Hillview Rd.	
City Wyoming	State RI Zip 02898	City No. Scituate	State RI Zip 02857
Director Name Joshua A. McClure		Director Name Gregory J. Minchak	
Street Address 24 Fieldview Rd.		Street Address 74 Baker Pines Rd.	
City Bradford	State RI Zip 02808	City Wyoming	State RI Zip 02898
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 Kathleen M. Minchak			Date 5/17/19
Signature of Officer/Authorized Representative Kathleen M. Minchak			SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov