State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State			
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. <u>000030469</u>			
2. Name of Corporation Meals on Wheels of RI, Inc.			
3. State of Incorporation			
State: <u>RI</u>			
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 <u>click here.</u>			
NAICS Code 6			
<u>624210</u>			
4. Corporate Address in Rhode Island			
No. and Street: <u>70 BATH STREET</u>			
City or Town: <u>PROVIDENCE</u> State: RI Zip: <u>02908</u> 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Incorporator is no longer applicable; please delete			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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	LAUREN AMARAL	5 LEDGEMONT LANE DARTMOUTH, MA 02748 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
CHAIRMAN OF BOARD	KEVIN MILLONZI	25 BELKNAP FARM DR JOHNSTON, RI 02919 USA
VICE CHAIRMAN OF BOARD	JOHN MORAN	660 WEST MAIN ROAD LITTLE COMPTON, RI 02837 USA
SECRETARY OF BOARD	KRISTIN MATSKO	9 DORY ROAD WARWICK, RI 02886 USA
DIRECTOR	HAROLD BURNS	45 SEA VIEW AVE RIVERSIDE, RI 02915 USA
DIRECTOR	STEVE CRISCIONE	59 DARLING STREET WARWICK, RI 02886 USA
DIRECTOR	JAMES JOLY	10 QUEEN ST, #4 EAST GREENWICH, RI 02818 USA
DIRECTOR	STEPHANIE MCCAFFREY	20 LINCOLN AVE COVENTRY, RI 02816 USA
DIRECTOR	COREY MCCARTY	75 TOMAHAWK TRAIL CRANSTON, RI 02921 USA
DIRECTOR	HELEN MACDONALD	188 BENEFIT STREET, APT. 5 PROVIDENCE, RI 02903 USA
DIRECTOR	PATRICIA PAOLA	167 WINTER STREET, APT. 4 WAKEFIELD, RI 02879 USA
DIRECTOR	PETER MARINO	36 HARWICH RD PROVIDENCE, RI 02906 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 28 Day of June, 2019 at 5:09:22 PM 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 <u>KRISTIN MATSKO</u> Signature of Authorized Person Form No. 631 Revised 09/07

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