



Department of State - Business Services Division

Annual Report for the year:
 Non-Profit Corporation

2018

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2019 JUL 16 AM 10:43

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000978233		2. Exact name of the Corporation Food Water Medicine			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island This nonprofit raises money for medical research and medical donations.			
4. NAICS Code 624230					
6. Principal Office Address 216 Brown Street			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donna Stewart			Vice-President Name Scott Lowell		
Street Address 31729 Forest Lane			Street Address 1210 Kensington Drive		
City Warren	State MI	Zip 48093	City Grosse Pointe Park	State MI	Zip 48230
Secretary Name Heidi Howard			Treasurer Name James Spink		
Street Address 12 Birch Knolls			Street Address 347 Eisenhower		
City Lape Elizabeth	State ME	Zip 04107	City Louisville	State CO	Zip 80027
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 Donna Stewart			Director Name Scott Lowell		
Street Address 31729 Forest Lane			Street Address 1210 Kensington Drive		
City Warren	State MI	Zip 48093	City Grosse Pointe Park	State MI	Zip 48230
Director Name James Spink			Director Name		
Street Address 347 Eisenhower			Street Address		
City Louisville	State CO	Zip 80027	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Heidi Howard (HEIDI HOWARD) CEO					Date 7/10/19
Signature of Officer/Authorized Representative <i>Heidi Howard</i>					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
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 BY *[Signature]* 9X2VJ