



**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. 001689768

2. Name of Corporation North Smithfield Food Pantry 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: 54 SCHOOL STREET
City or Town: SLATERSVILLE State: RI Zip: 02876 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

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, RELIGIOUS, OR SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. TO FEED 60-90 LOCAL FAMILIES A MONTH AND ANOTHER 700+ NORTHERN RHODE ISLAND, RESIDENTS THROUGH THEIR FOOD RESCUE PROGRAM.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
INCORPORATOR	DONNA STONE	25 GREENE STREET SLATERSVILLE, RI 02876 USA
DIRECTOR	DONNA STONE	25 GREENE STREET SLATERSVILLE, RI 02876 USA
DIRECTOR	MICHELE BOUCHARD	25 GREENE STREET SLATERSVILLE, RI 02876 USA
DIRECTOR	REVEREND EILEEN MORRIS	25 GREENE STREET SLATERSVILLE, RI 02876 USA
DIRECTOR	GARY EZOVSKI	25 GREENE STREET SLATERSVILLE, RI 02876 USA
DIRECTOR	DARLENE MAGAW	25 GREENE STREET SLATERSVILLE, RI 02876 USA
DIRECTOR	BARBARA GREGORY	25 GREENE STREET SLATERSVILLE, RI 02876 USA
DIRECTOR	RONALD LAVOIE	25 GREENE STREET SLATERSVILLE, RI 02876 USA
DIRECTOR	MICHAEL KELLY	25 GREENE STREET SLATERSVILLE, RI 02876 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**

REVEREND EILEEN MORRIS 54 SCHOOL STREET SLATERSVILLE , RI 02876

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

Signed this 4 Day of December, 2019 at 2:03:19 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 DONNA STONE
Signature of Authorized Person

Form No. 631
Revised 09/07

