



**State of Rhode Island
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: 2021

1. Corporate ID No. 000067466

2. Name of Corporation NORTH KINGSTOWN 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. Principal Office Address

No. and Street: 445 SCHOOL STREET
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

BUSINESS OF COLLECTION, ORGANIZATION & DISTRIBUTION OF FOOD TO INDIVIDUALS IN NEED.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KIM PAGE MRS.	24 EDEN COURT NORTH KINGSTOWN, RI 02852 USA
TREASURER	STEPHEN A. DINOBILO MR.	369 WEST ALLENTON RD. NORTH KINGSTOWN, RI 02852 USA
SECRETARY	NANCY CHAMPAGNE MRS.	99 WILLS SWAMP RD. WEST GREENWICH, RI 02817 USA
VICE PRESIDENT	RICHARD JACQUES MR.	20 SPRUCE RD NORTH KINGSTOWN, RI 02852 USA
DIRERCTOR	PRISCILLA FEENEY MRS.	59 JENKINS CT. NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	THOMAS GRENNAN MR.	51 JENKINS CT. NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	PATRICIA TILLEY MRS.	116 MOURNING DOVE LANE SAUNDERSTOWN, RI 02874 USA
DIRECTOR	BONNIE SMITH MRS.	575 BOSTON NECK RD. NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	PATRICIA CAWLEY MRS.	130 EARLE DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	PETER ATKIN	730 SOUTH COUNTY TRAIL NORTH KINGSTOWN, RI 02852
DIRECTOR	RAYMOND GORMAN	40 CELESTIA COURT NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	DAVID PROCACCINI	381 SCHOOL ST. NORTH KINGSTOWN, RI 02852 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BONNIE S. SMITH 575 BOSTON NECK ROAD NORTH KINGSTOWN , RI 02852

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

Signed this 7 Day of June, 2021 at 11:35:37 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 STEPHEN SOULS
Signature of Authorized Person

Form No. 631
Revised 09/07