



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2020  
Non-Profit Corporation

JUN 04 2021

BY 229  
2021

- 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 <u>001693623</u>		2. Exact name of the Corporation <u>JAMESTOWN COMMUNITY FOOD PANTRY</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		5. Brief description of the character of business conducted in Rhode Island <u>IN PARTNERSHIP WITH OUR JAMESTOWN COMMUNITY, WE SEEK TO MINIMIZE HUNGER AND PROVIDE NUTRITIONAL SUSTENANCE TO OUR LESS FORTUNATE NEIGHBORS</u>			
4. NAICS Code <u>624210</u>					
6. Principal Office Address <u>99 NAMACANSETT AVENUE P.O. BOX 295</u>			City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>DEB NORDSTROM</u>			Vice-President Name <u>ARLENE LABUA</u>		
Street Address <u>88 SOUTHWEST AVENUE</u>			Street Address <u>3 FOWLER STREET</u>		
City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>
Secretary Name <u>BETSY RIZICKA</u>			Treasurer Name <u>BOBBY PARSONS</u>		
Street Address <u>66 GINNELL STREET</u>			Street Address <u>66 GINNELL STREET</u>		
City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>MARJORIE HOLLISTER</u>			Director Name <u>SALLY SCHOTT</u>		
Street Address <u>JAMESTOWN</u>			Street Address <u>85 LONGFELLOW ROAD</u>		
City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>
Director Name <u>BARBARA SZEPATOWSKI</u>			Director Name <u>JENNIFER McBRIDE</u>		
Street Address <u>80 RIPTIDE STREET</u>			Street Address <u>67 BEACON DRIVE</u>		
City <u>JAMESTOWN</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>NORTH KINGSTON</u>	State <u>RI</u>	Zip <u>02882</u>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>ROBERT PARSONS Treasurer</u>					Date <u>6/3/2021</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov