



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: **2021**
Non-Profit Corporation _____

JUN 7 2021
BY 1384 Stamp

- 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 507875		2. Exact name of the Corporation Firm Foundation RI Ministries			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island We exist to proclaim and promote the Christian gospel through the church.			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 2361 Mendon Road		City Woonsocket	State RI	Zip 02895	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Moriello		Vice-President Name Susan Moriello			
Street Address 2361 Mendon Road		Street Address 2361 Mendon Road			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Tanya Hay		Treasurer Name Tanya Hay			
Street Address 12 Sunset Avenue		Street Address 12 Sunset Avenue			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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 James Moriello		Director Name Susan Moriello			
Street Address 2361 Mendon Road		Street Address 2361 Mendon Road			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Director Name Tanya Hay		Director Name Scott Lanctot			
Street Address 12 Sunset Avenue		Street Address 17 Jencks Road			
City Woonsocket	State RI	Zip 02895	City Cumberland	State RI	Zip 02895
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<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 James Moriello				Date 6/3/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
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* Additional Director - Brian Violette
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