RI SOS Filing Number: 202198983800 Date: 7/2/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Non-Profit Corporation

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

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1. Entity ID Number	2. Exact name of the Corporation
001026027	VITTLES FOR VETS
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: TO COLLCT DONATIONS FOR FOOD AND OTHER TYPE GIFT CARDS TO BE DISTRIBUTED TO ARMED SERVICES VETERANS AND THEIR FAMILIES LIVING AT OR BELOW POVERTY LEVEL
4. NAICS Code: 624210 - Community Food Se	

6. Principal Office Address	City	State	Zip
7757 WALKER FARMS DRIVE	RADFORD	VA	24241

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: WILLIAM MCCANN			Vice-President Name: ERNEST BOISVERT		
Street Address: 7757 WALKER FARMS ROAD			Street Address: 61 MORIN STREET		
City: RADFORD	State: VA	Zip: 24241	City: WOONSOCKET	State: RI	Zip: 02895
Secretary Name: SANDRA MCCANN			Treasurer Name: WILLIAM MCCANN		
Street Address: 7757 WALKER FARMS ROAD			Street Address: 7757 WALKER FARMS ROAD		
City: RADFORD	State: VA	Zip: 24241	City: RADFORD	State: VA	Zip: 24241

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: MARC TEER			Director Name: SANDRA MCCANN		
Street Address: 425 MOUNTAIN ROAD			Street Address: 7757 WALKER FARMS ROAD		
City: BUCHANAN	State: VA	Zip: 24066	City: RADFORD	State: VA	Zip: 24241
Director Name: DONNA SALMONS			Director Name:		
Street Address: 5892 RUEBUSH ROAD			Street Address:		
City: DULIN	State: VA	Zip: 24084	City:	State:	Zip:

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.

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

Name of Officer/Authorized Representative: WILLIAM MCCANN

Date: 01/12/2021

Signature of Officer/Authorized Representative: William C. McCann

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

FORM 631 - Revised: 08/2020