



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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R.I. DEPT. OF STATE  
BUS SVCS DIV

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1. Entity ID Number <b>001026027</b>		2. Exact name of the Corporation <b>VITTLES FOR VETS</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO COLLECT DONATIONS FOR FOOD AND OTHER TYPE GIFT CARDS TO BE DISTRIBUTED TO ARMED SERVICES VETERANS AND THEIR FAMILIES LIVING AT OR BELOW POVERTY LEVEL</b>	
4. NAICS Code 624210 - Community Food Se <input type="checkbox"/>			
6. Principal Office Address <b>7757 WALKER FARMS DRIVE</b>		City <b>RADFORD</b>	State <b>VA</b>
		Zip <b>24241</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>WILLIAM MCCANN</b>		Vice-President Name <b>ERNEST BOISVERT</b>	
Street Address <b>7757 WALKER FARMS ROAD</b>		Street Address <b>61 MORIN STREET</b>	
City <b>RADFORD</b>	State <b>VA</b>	City <b>WOONSOCKET</b>	State <b>RI</b>
	Zip <b>24241</b>		Zip <b>02895</b>
Secretary Name <b>SANDRA MCCANN</b>		Treasurer Name <b>WILLIAM MCCANN</b>	
Street Address <b>7757 WALKER FARMS ROAD</b>		Street Address <b>7757 WALKER FARMS ROAD</b>	
City <b>RADFORD</b>	State <b>VA</b>	City <b>RADFORD</b>	State <b>VA</b>
	Zip <b>24241</b>		Zip <b>24241</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>MARC TEER</b>		Director Name <b>SANDRA MCCANN</b>	
Street Address <b>425 MOUNTAIN ROAD</b>		Street Address <b>7757 WALKER FARMS ROAD</b>	
City <b>BUCHANAN</b>	State <b>VA</b>	City <b>RADFORD</b>	State <b>VA</b>
	Zip <b>24066</b>		Zip <b>24241</b>
Director Name <b>DONNA SALMONS</b>		Director Name	
Street Address <b>5892 RUEBUSH ROAD</b>		Street Address	
City <b>DULIN</b>	State <b>VA</b>	City	State
	Zip <b>24084</b>		Zip
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>			
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 <b>WILLIAM MCCANN</b>		Date <b>01/02/2021</b>	
Signature of Officer/Authorized Representative <i>William C. McCann</i>			

FILED

JUL 02 2021

BY *[Signature]* 1:13MAIL TO:  
Division of Business Services  
48 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov