



**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.** 000574520

**2. Name of Corporation** Chefs feeding kids

**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



624210

**4. Principal Office Address**

No. and Street: 91 STANDISH AVE

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

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

DONATE TIME AND FOOD TO HUNGRY KIDS

**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	Address
PRESIDENT	WILLIAM A MANZO JR.	91 STANDISH AVENUE PROVIDENCE, RI 02908 USA
DIRECTOR	CHRISTINE ARVANIGIAN	91 STANDISH AVENUE

		PROVIDENCE, RI 02908 USA
DIRECTOR	WILLIAM MANZO SR.	91 STANDISH ACE PROVIDENCE, RI 02908 USA
DIRECTOR	BETTY MANZO	91 STANDISH AVE PROVIDENCE, RI 02908 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**

WILLIAM A. MANZO, JR. 91 STANDISH AVENUE PROVIDENCE, RI 02908

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

**Signed this 8 Day of November, 2021 at 6:29:37 PM 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 WILLIAM MANZO  
 Signature of Authorized Person

Form No. 631  
 Revised 09/07

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