RI SOS Filing Number: 202104908480 Date: 11/10/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 NOV 10 A 8:54

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.

1. Entity ID Number	2. Exact name of the Corporation
001689768	**North Smithfield Food Pantry Inc**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, RELIGIOUS, OR SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. TO FEED 60-90 LOCAL FAMILIES A MONTH.
4. NAICS Code: 624210	

6. Principal Office Address	City	State	Zip
25 Green Street, PO Box 283	Slatersville	RI	02876

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

President Name: Darlene Magaw			Vice-President Name: none		
Street Address: 25 Green Street			Street Address:		
City: Slatersville	State: RI	Zip: 02876	City:	State:	Zip:
Secretary Name: none			Treasurer Name: Ron Lavoie		
Street Address:			Street Address: 25 Green Street		
City:	State:	Zip:	City: Slatersville	State: RI	Zip: 02876

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

Director Name: George Briggs			Director Name: Marilyn Briggs		
Street Address: 25 Green Street			Street Address: 25 Green Street		
City: Slatersville	State: RI	Zip: 02876	City: Slatersville	State: RI	Zip: 02876
Director Name: Nicole Grant			Director Name: Gary Ezovski		
Street Address: 25 Green Street			Street Address: 25 Green Street		
City: Slatersville	State: RI	Zip: 02876	City: Slatersville	State: RI	Zip: 02876

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	Date
Darlene Magaw	11/06/2021

Signature of Officer/Authorized Representative: Darlene Magaw

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BY CH 02907

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

FORM 631 - Revised: 08/2020