

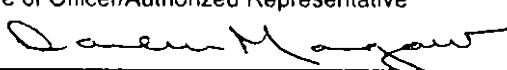


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R.I. DEPT. OF STATE
BUS SVCS DIV

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 001689768		2. Exact name of the Corporation 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 25 Green Street, PO Box 283			City Slatersville	State RI	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Darlene Magaw				Date 11/06/2021	
Signature of Officer/Authorized Representative 				FILED 	