



**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: February 1 - May 1*

*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:** 2022

**1. Corporate ID No.** 001668458

**2. Name of Corporation** Loaves & Fishes Rhode Island

**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

**4. Principal Office Address**

No. and Street: 1520 BROAD STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

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

THROUGH MEMBER CHURCHES AND VOLUNTEERS MINISTERS TO THE HOMELESS AND INDIGENT WORKING POOR BY PROVIDING FOOD CLOTHING AND RELATED SERVICES PRIMARILY BY USING FOOD DELIVERY TRUCKS

**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                                         |
|-----------|-----------------------------|-------------------------------------------------|
|           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| PRESIDENT | MARY HASSAN                 | 16 PECK AVE                                     |

|           |                   |                                                         |
|-----------|-------------------|---------------------------------------------------------|
|           |                   | BARRINGTON , RI 02806 USA                               |
| TREASURER | WILLIAM D SWEENEY | D8 BRISTOL WOODS DRIVE<br>BRISTOL, RI 02809 USA         |
| SECRETARY | ELLIE O'NEILL     | 70 FERRY ROAD<br>BRISTOL, RI 02809 USA                  |
| DIRECTOR  | ALLEN SCOTT       | 230 WASHINGTON ROAD<br>BARRINGTON, RI 02806 USA         |
| DIRECTOR  | DANA SPARHAWK     | 99 PEIRCE STREET<br>EAST GREENWICH, RI 02818 USA        |
| DIRECTOR  | DENNIS LAFRENIERE | 120 NATE WHIPPLE HIGHWAY<br>CUMBERLAND, RI 02864 USA    |
| DIRECTOR  | CARLENE HERVIEUX  | 120 NATE WHIPPLE HIGHWAY<br>CUMBERLAND , RI 02864 USA   |
| DIRECTOR  | EDWARD FITZGERALD | 108 WASHINGTON ROAD<br>BARRINGTON, RI 02806 USA         |
| DIRECTOR  | FAYTHE HERDRICH   | 230 WASHINGTON ROAD<br>BARRINGTON, RI 02806 USA         |
| DIRECTOR  | LISA ROSE         | 1 BENEVOLENT ST<br>PROVIDENCE , RI 02906 USA            |
| DIRECTOR  | JEFFREY MANICKAS  | 103 CAPTAIN WIGHTMAN LANE<br>N KINGSTOWN , RI 02852 USA |
| DIRECTOR  | BETSY AUBIN       | 296 ANGLE ST<br>PROVIDENCE, RI 02906 USA                |
| DIRECTOR  | MIMI DYER         | 55 MAIN ST<br>N KINGSTOWN , RI 02852 USA                |
| DIRECTOR  | DOUG LAFRENIERE   | 120 NATE WHIPPLE HIGHWAY<br>CUMBERLAND , RI 02864 USA   |
| DIRECTOR  | SUSAN BURGOYNE    | 165 ROUNDS AVE<br>RIVERSIDE , RI 02915 USA              |
| DIRECTOR  | WILLIAM ALDRICH   | 1520 BROAD STREET<br>PROVIDENCE, RI 02905 USA           |
| DIRECTOR  | DALE WEST         | 191 COUNTY ROAD<br>BARRINGTON, RI 02806 USA             |
| DIRECTOR  | CARL GIBEAU       | 165 ROUNDS AVE<br>RIVERSIDE, RI 02915 US                |

**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 SWEENEY 1520 BROAD STREET PROVIDENCE , RI 02905

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

**Signed this 1 Day of April, 2022 at 4:48:12 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 SWEENEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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