



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

MAY 26 2023

EV

Annual Report for the year:

Non-Profit Corporation

2023

→ 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 000161946		2. Exact name of the Corporation Ezekiel Charitable Ministries, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non profit agency assisting people in need of food and clothing.	
4. NAICS Code 624190			
6. Principal Office Address 74 Baker Pine Rd.		City Wyoming	State RI
		Zip 02898	
7. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name Kathleen M Minchak		Vice-President Name Joshua A. McClure	
Street Address 74 Baker Pine Rd.		Street Address 24 Fieldsview Rd.	
City Wyoming	State RI	Zip 02898	City Bradford
			State RI
			Zip 02808
Secretary Name Gregory J Minchak		Treasurer Name Brooke D Tisoskey	
Street Address 74 Baker Pine Rd.		Street Address 42 Bassett Mills Rd.	
City Wyoming	State RI	Zip 02898	City Voluntown
			State CT
			Zip 06384
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Rev. Joshua A. McClure		Director Name Gregory J Minchak	
Street Address 24 Fieldsview Rd.		Street Address 74 Baker Pine Rd.	
City Bradford	State RI	Zip 02808	City Wyoming
			State RI
			Zip 02898
Director Name Brooke D. Tisoskey		Director Name Kathleen M Minchak	
Street Address 42 Bassett Mills Rd.		Street Address 74 Baker Pine Rd.	
City Voluntown	State CT	Zip 06384	City Wyoming
			State RI
			Zip 02898
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.			
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 Kathleen M Minchak			Date 5/23/23
Signature of Officer/Authorized Representative Kathleen M Minchak			

MAIL TO:
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Website: www.sos.ri.gov