State of Rhode Island
Department of State - Business Services Division

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2023 NOV -1 A 9:49

Annual Report for the year: 2024
Non-Profit Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000058444	MILK FUND, INC.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: CONDUCT ANNUAL APPEAL TO PROVIDE MILK TO NEEDY CHILDREN TITLE: 7-6
4. NAICS Code: 624210	

6. Principal Office Address	City	State	Zip
9 STONE RIDGE DRIVE	NORTH SMITHFIELD	RI	02896

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

President Name: DAVE RICHARDS			Vice-President Name: LISA M CARCIFERO		
Street Address: 985 PARK AVENUE			Street Address: 11 PINECREST DRIVE		
City: WOONSOCKET	State: RI	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895
Secretary Name: NANCY PHILLIPS			Treasurer Name: MICHAEL R. DARVEAU		
Street Address: 325 DUNLAP STREET			Street Address: 9 STONE RIDGE DRIVE		
City: WOONSOCKET	State: RI	Zip: 02895	City: NORTH SMITHFIELD	State: RI	Zip: 02896

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

Director Name: NANCY PHILLIPS			Director Name: DAVE RICHARDS		
Street Address: 325 DUNLAP STREET			Street Address: 985 PARK AVENUE		
City: WOONSOCKET	State: RI	Zip: 02895	City: WOONSOCKET	State: RI	Zip: 02895
Director Name: RITA GANDHI			Director Name: AMANDA LAROSE		
Street Address: 800 CLINTON STREET			Street Address: 362 RONALD AVENUE		
City: WOONSOCKET	State: RI	Zip: 02895	City: CUMBERLAND	State: RI	Zip: 02864

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
MICHAEL R. DARVEAU	**11/01/2023**

Signature of Officer/Authorized Representative: Michael R. Darveau, TREASURER

FILED
NOV 01 2023 9:51am
BY LKS RFGNB

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