



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

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Annual Report for the year:

2024

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 092921		2. Exact name of the Corporation Allen Weir Company F.F.S	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Assisting men/women/children of all origins by making donations of nonperishable items.	
4. NAICS Code 813110			
6. Principal Office Address 244 Harmony Court		City Warwick	State R.I.
		Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jeffrey Mascoli		Vice-President Name Joseph Leporacci	
Street Address 244 Harmony Court		Street Address 83 Benedict Street	
City Warwick	State R.I.	City Pawtucket	State R.I.
Zip 02889		Zip 02861	
Secretary Name Dennis Amore		Treasurer Name Donna E. Shields	
Street Address 183 Kilvert Street		Street Address 171 Canonchet Avenue	
City Warwick	State R.I.	City Warwick	State R.I.
Zip 02886		Zip 02888	
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 Patrick J. Mascoli		Director Name Maureen Mascoli	
Street Address 244 Harmony Court		Street Address 244 Harmony Court	
City Warwick	State R.I.	City Warwick	State R.I.
Zip 02888		Zip 02889	
Director Name John W. Shields		Director Name	
Street Address 50 Brown Street		Street Address	
City North Kingstown	State R.I.	City	State
Zip 02852		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Donna E. Shields			Date April 17, 2024
Signature of Officer/Authorized Representative Donna E. Shields			

FILED

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

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BY ML FCWYD

FORM 631 - Revised: 11/2017