



**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 - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001658826

**2. Name of Corporation** Eat Drink RI Foundation Inc.

**3. State of Incorporation**

State: RI

**NAICS CODE**

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

813319

**4. Principal Office Address**

No. and Street: 1061 FISH HILL RD.

City or Town: COVENTRY

State: RI

Zip: 02816

Country: USA

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

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: WE PRODUCE CULINARY EVENTS AND WOULD LIKE TO CREATE A NON-PROFIT FOUNDATION TO ALLOW FOR CHARITABLE DONATIONS TO COMBAT FOOD

INSECURITY AND OTHER HUNGER RELATED SOLUTIONS.

**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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
OTHER OFFICER	DAVID DADEKIAN	
DIRECTOR	BRENDA E. DADEKIAN	1061 FISH HILL RD. COVENTRY, RI 02816 USA
DIRECTOR	ROBERT DADEKIAN	1061 FISH HILL RD. COVENTRY, RI 02816 USA
DIRECTOR	DAVID S. DADEKIAN	1061 FISH HILL RD. COVENTRY, RI 02816 USA

**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**

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200  
WARWICK , RI 02888

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

**Signed this 20 Day of April, 2024 at 10:19:36 AM 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 DAVID S. DADEKIAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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