RI SOS Filing Number: 202562666380 Date: 1/15/2025 1:57:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

2025 JAN 15 PM 1:57

1. Entity ID Number	2. Exact name of the Corporation
000102956	Rhode Island Rescue Ministries
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To reach the homeless and needy of Rhode Island's urban centers with the gospel of Jesus Christ.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
627 Cranston Street	Providence	RI	02907

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

President Name: Sean Carew			Vice-President Name		
Street Address: 73 King Phillip Drive			Street Address		
City: North Kingstown	State: RI	Zip: 02852	City	State	Zip
Secretary Name			Treasurer Name: James Buffi		
Street Address			Street Address: 627 Cranston Street		
City	State	Zip	City: Providence	State: RI	Zip: 02907

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

Director Name: Perry Jones			Director Name: Robert Kalander		
Street Address: 5 Huckle Hill Road			Street Address: 627 Cranston Street		
City: Ravina	State: NY	Zip: 12143	City: Providence	State: RI	Zip: 02907
Director Name: Joseph Hatfield			Director Name		
Street Address: 627 Cranston Street			Street Address		
City: Providence	State: RI	Zip: 02907	City	State	Zip

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
SEAN CAREW	**12/18/2024**

Signature of Officer/Authorized Representative

FILED
JAN 14 2025
1:58
BY 20NSP

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

FORM 631- Revised. 12/2023