



**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 2025:** 2025

**1. Corporate ID No.** 000787600

**2. Name of Corporation** The Northern RI Food Pantry

**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

624210

**4. Principal Office Address**

No. and Street: 1 ANGELL RD

P.O. BOX 7833

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

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

TO PROVIDE FOOD, CLOTHING AND OTHER NECESSITIES AS MAY BE AVAILABLE  
TO THE POOR, DISTRESSED AND UNDERPRIVILEGED

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	ROBIN DEGRANGE	MARYWOOD LANE CUMBERLAND, RI 02864 USA
SECRETARY	DENISE BELISLE	71 STAPLES RD CUMBERLAND, RI 02864 USA
CO-EXECUTIVE DIRECTOR	GARY GRANT GRAY	20 MURPHY DRIVE CUMBERLAND, RI 02864 USA
CO-EXECUTIVE DIRECTOR	RICHARD TELESMANICK	22 SORRELL ROAD NORTH PROVIDENCE , RI 02904 USA
DIRECTOR	WILLIAM JEFFREY WHITFIELD	4 SUNNYSIDE DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	CHARLES MARCOTTE	124 OLD RIVER ROAD LINCOLN, RI 02865 USA
DIRECTOR	ROBERT CHAPUT	46 HIGH RIDGE DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	JOHN VERUSO	135 ANGELL ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	BRUCE KLUCZNIK	20 CANTERBURY AVE CUMBERLAND, RI 02864 USA
DIRECTOR	PHIL AVENIA	104 OLD RIVER RD LINCOLN, RI 02865 USA
DIRECTOR	DONNA AUGER	9 CIDER CT CUMBERLAND, RI 02864 USA
DIRECTOR	PAT CASSETTA-GIRARD	1 ANVIL DRIVE CUMBERLAND, RI 02864 USA
DIRECTOR	JOANN FERLAND	20 LINCOLN MEADOWS DRIVE LINCOLN, RI 02865 USA
DIRECTOR	REAL PARE	5 FARRELL ST CUMBERLAND, RI 02864 USA
DIRECTOR	VERA MARTIN	9 NEW CLARK RD CUMBERLAND, RI 02864 USA
DIRECTOR	JOSEPH LEFRANCOIS	1161 LONSDALE AVE LINCOLN, RI 02865 USA
DIRECTOR	GARY GRANT GRAY	20 MURPHY DRIVE CUMBERLAND, RI 02864 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**

MICHELLE D. BAKER, ESQ. 46 HIGH RIDGE DRIVE CUMBERLAND , RI 02864

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

**Signed this 4 Day of February, 2025 at 10:57:43 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 GARY GRANT GRAY

Signature of Authorized Person

Form No. 631  
Revised 09/07

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