

REC'D RIDOS BSD
 25 MAR 10 AM 10:01:32

 State of Rhode Island
 Department of State - Business Services Division

 Annual Report for the year: 2025
 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 001746599		2. Exact name of the Corporation your neighborhood Food Pantry	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Food Pantry - Providing Food to the Community.	
4. NAICS Code 624210			
6. Principal Office Address 533 Branch Ave		City PROV	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Zachary Oz		Vice-President Name	
Street Address 533 Branch Ave		Street Address	
City PROV	State RI	City	State
Zip 02904		Zip	
Secretary Name Jeanette Paris		Treasurer Name Jacqueline Marie'	
Street Address 118 Pond St		Street Address 31 Parkway Ave	
City Providence	State RI	City PROV	State RI
Zip 02909		Zip	
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 Donner Gardiner		Director Name Sharon Lee Waldman	
Street Address 1905 Mineral Spring Ave		Street Address 36 Grafton St	
City N. PROV.	State RI	City PROV	State RI
Zip 02904		Zip 02906	
Director Name Julie Silva		Director Name	
Street Address 505 Waterman Ave		Street Address	
City E PROV	State RI	City	State
Zip 02914		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 Jacqueline Watson-Gardiner		FILED	Date 3/3/25
Signature of Officer/Authorized Representative <i>Jacqueline Watson-Gardiner</i>		MAR 10 2025 WJ2xy	

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