



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

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Annual Report for the year: 2025
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 <u>092921</u>		2. Exact name of the Corporation <u>Allen Weir Company FES</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Assisting men/women/children of all origins by making donations of non perishable items.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>244 Harmony Court</u>		City <u>Warwick</u>	State <u>R.I.</u> Zip <u>02889</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jeffrey Mascoli</u>		Vice-President Name <u>Joseph Leporacci</u>	
Street Address <u>244 Harmony Court</u>		Street Address <u>83 Benedict Street</u>	
City <u>Warwick</u>	State <u>R.I.</u>	City <u>Pawtucket</u>	State <u>R.I.</u> Zip <u>02861</u>
Secretary Name <u>Dennis Andre'</u>		Treasurer Name <u>Donna E. Shields</u>	
Street Address <u>183 Kilvert Street</u>		Street Address <u>171 Cananochet Avenue</u>	
City <u>Warwick</u>	State <u>R.I.</u>	City <u>Warwick</u>	State <u>R.I.</u> Zip <u>02888</u>
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 <u>Patrick J. Mascoli</u>		Director Name <u>Maureen Mascoli</u>	
Street Address <u>244 Harmony Court</u>		Street Address <u>244 Harmony Court</u>	
City <u>Warwick</u>	State <u>R.I.</u>	City <u>Warwick</u>	State <u>R.I.</u> Zip <u>02889</u>
Director Name <u>John W. Shields</u>		Director Name	
Street Address <u>50 Brown Street</u>		Street Address	
City <u>North Kingstown</u>	State <u>R.I.</u>	City	State 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, Authorized Representative , Receiver or Trustee			
Name of Officer/Authorized Representative <u>Donna E. Shields</u>			Date <u>April 14, 2025</u>
Signature of Officer/Authorized Representative <u>Donna E. Shields</u>			BY <u>B. B. W. H. E. I.</u>