



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. 000074319

2. Name of Corporation INTERFAITH FOOD MINISTRY, 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

624210

4. Principal Office Address

No. and Street: 35 JONATHAN WAY

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

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

TO DISTRIBUTE FOOD TO PERSONS IN NEED.

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
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PRESIDENT	MICHAEL SHELDON	530 SMITHFIELD RD., APT. 205 NORTH PROVIDENCE, RI 02904 USA
TREASURER	LINDA MANCINI	51 GRACE ST. CRANSTON, RI 02910 USA
SECRETARY	BARBARA GLORIA	17 SUSAN CIRCLE JOHNSTON, RI 02919 USA
VICE PRESIDENT	MARIANNE PHELAN	35 JONATHAN WAY CRANSTON, RI 02920 USA
DIRECTOR	PAUL MANCINI	51 GRACE ST. CRANSTON, RI 02910 USA
DIRECTOR	DORIS ESPINAL	191 LINWOOD AVE. PROVIDENCE, RI 02907 USA
DIRECTOR	KEVIN PHELAN	35 JONATHAN WAY CRANSTON, RI 02920 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

MICHAEL SHELDON 530 SMITHFIELD ROAD, APT. 205 NORTH PROVIDENCE , RI 02904

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

Signed this 6 Day of June, 2025 at 5:54:50 PM 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 MICHAEL SHELDON
Signature of Authorized Person

Form No. 631
Revised 09/07

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