



**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. 000102956

2. Name of Corporation Rhode Island Rescue Ministries

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

813110

4. Principal Office Address

No. and Street: 627 CRANSTON STREET

City or Town: PROVIDENCE

State: RI

Zip: 02907

Country: USA

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

TO REACH THE HOMELESS AND NEEDY OF RHODE ISLAND'S URBAN CENTERS
WITH THE GOSPEL OF JESUS CHRIST.

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	Address
-------	-----------------	---------

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	JAMES BUFFI	627 CRANSTON ST PROVIDENCE, RI 02907 USA
DIRECTOR	ROBERT KALANDER	627 CRANSTON ST PROVIDENCE, RI 02907 USA
DIRECTOR	JOSEPH HATFIELD	627 CRANSTON ST PROVIDENCE, RI 02907 USA
PRESIDENT	SEAN CAREW	73 KING PHILLIP DRIVE NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	PERRY JONES	5 HUCKLE HILL ROAD RAVINA, NY 12143 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

BERNARD A. POIRIER, CPA 469 CENTERVILLE ROAD, SUITE 203 WARWICK , RI 02886

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

Signed this 30 Day of June, 2025 at 11:56:14 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 SEAN CAREW

Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2025 State of Rhode Island
All Rights Reserved