

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation falling 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.

to a penuary jee of 323.00.						
1. Corporate ID No.	2. Name of Corporation					
121721						
3. State of Incorporation	4. Corporate address in	Rbode Island - Street Address		City	Zip	
RI	381 Manton Avenue			Providence	02909	
5. Foreign corporation. Enter pr	incipal office address		City	State	Zip	
			<u> </u>			
6. Brief Description of the character of the affairs which are actually conducted in Rhode island						
Soup Kitchen, Day Shelter, Food Distribution						
						
7. NAMES AND ADDRESS	es of the officers	S: ("X" BOX FOR ATTACH	MENT) [] FILL IN SPACES B	EFORE USING ATTAC	HMENTS	
President Name			Vice President Name NONE			
Wayne C Solomon						
Street Address			Street Address			
5 Jaime Drive				Ta		
City	State	Zip	City	State	Zip	
Johnston	RI	02919				
Secretary Name	= = 00016	* ;	Treasurer Name			
MANDE BROOKS			Jennie Gauł			
40 1040 ATWELLS AVE			Street Address 25 West Church Street			
City	State 0	Zip	City	State	Zφ	
PRAVIDENCE	el KI	02909	Greenville	RI		
8. NAMES AND ADDRESS	ES OF THE DIRECTO	RS: ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES E	EFORE USING ATTAC	CHMENTS	
THE NUMBER OF DIRECT	TORS OF A DOMEST	IC (RHODE ISLÁND) (CORPORATION SHALL NOT	BE LESS THAN THRE	E (3). R.I.G.L. 7-6-23	
Director Name			Director Name	<i>ـ</i>		
			TANK	E COM	415510NG	
Monica Solomon Street Address			Street Address			
5 Jaime Drive			1010 ATWELLS AVE			
City	State	Zip	City	State (Zip	
Johnston	RI	02919	PROVIDENCE	1 RI	02909	
Director Name	1177	10-010	Director Name		1-1-1	
TONE CHANDLER			NENE			
Street Address			Street Address			
233 C		IA AUE				
900	State	Zip COT	City	State	7.ip	
1/1/04/DEVOLE	1 12 1	02905	l	1		
9. REGISTERED AGENT II	N RHODE ISLAND - I	O NOT ALTER - Chang	ges require filing of Form 6			
Agent Name 'NAYNE SOLOMON			Address 381 MANTON AVE COPPREVIDENCE RE 02909			
Address			City -	Zip	0 0	
			+ DEVIDE	JCE R	E 02909	
This report mu	st be signed by either	the President, Vice Pres	ident, Secretary, Assistant Sec	retary, Treasurer, Rece	iver or Trustee	

	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that a		
File Date SEP 11 2008	statements contained herein and true and correct. OT/14/08 Signature of Officer Date		
Check No	Wayne C. Solomon Print or Type Name of Officer		
FOR SECRETARY OF STATE USE ONLY	President Tule of Officer Form 631 Rev. 12/06		