

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.3040 Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BYACK INK.

\* 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. 2. Name of Corporation EXATIPINA Kitchen 1. Corporate ID No.

74189		CKEL DOUP	RICHEN			
State of Incorporation  4. Corporate address in Rbode Island - Street Address  2 HODE I SLAND 389 BENEFIT STREET			et	PAWTUCKET	02861	
5. Foreign corporation. Enter princ	cipal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island						
OPERATE A Soup Kitchen 6 DAYS A WEEK FOR Homeless & POOR PEOPLE						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name ERNEST B. MAROT			Vice President Name KAYMON D GANNON			
Street Address 389 Benefit ST.			Street Address 133 CHAPLIN STREET			
PAWTUCKET		24 Ο 2-86 Ι	PAWTUCKET	State RI	02861	
Secretary Name KAREN DYSON			ROLLANDH. BLANCHETTE			
199 CARTER Avenue			161 Monticello ROAA			
PAWTUCKET	State R - I	02861	PAWTUCKET	State R. I.	02861	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
MAGGIR BURNS ROGERS			HENRY SHELTON			
Street Address SPRING STREET			Street Address PAWTUCKET AVENUE			
"Piwricker		02861	CRANSTON	State RI	02905	
Director Name SUSAN MOORE			CHARLES SCZUROSKI			
Street Address O. Box 340			Street Address ALVIN DRIVE			
City ALBION	State RI	52806	Wes TWAKWICK	C State RI	02893	
9. REGISTERED AGENT IN RHODE ISLAND  ERNES T MARO T 349 BENEPIT ST. PAWTVCKET RIOZ661  This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This information is currently	or record an the Office	tor the occietary of orac	Onmigos require innig or re			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 6-2-09	Folland H. Blanchette 6/1/
Check No. 5592	Signature of Officer ROLLAND H. BLANCHEHE
By: MMC	Print or Type Name of Officer  Reas Reas
FOR SECRETARY OF STATE USE ONLY	Tule of Officer

schedules and statements, and that all Form 631 Rev. 09/17