



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2009

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 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.

1. Corporate ID No. 33764		2. Name of Corporation The Storehouse	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 209 Allen Ave.	
5. Foreign corporation. Enter principal office address		City Wakefield	Zip 02823
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Soup Kitchen			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Joe Gagne		Vice President Name Rita Gagne	
Street Address 57 Oak Hill Rd.		Street Address 57 Oak Hill Rd.	
City S. Kingstown	State R.I.	City S. Kingstown	State R.I.
Zip 02879		Zip 02879	
Secretary Name Len Worthen		Treasurer Name A. Signorelli	
Street Address 145 Kenyon Ave.		Street Address 66 Greenwood Drive	
City Wakefield	State R.I.	City Wakefield	State R.I.
Zip 02879		Zip 02879	
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			
Director Name Heather Signorelli		Director Name James Hitzler	
Street Address 66 Greenwood Drive		Street Address 231 Carolina Beach Rd.	
City Wakefield	State R.I.	City Charlestown	State R.I.
Zip 02879		Zip 02879	
Director Name Larry Marchetti		Director Name	
Street Address 480 S. County Trail		Street Address	
City Exeter	State R.I.	City	State
Zip 02822		Zip	
9. REGISTERED AGENT IN RHODE ISLAND			
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 report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	6-16-09
Check No.	2828
By:	MNC
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer **Alfred R. Signorelli** Date **6/11/09**
Print or Type Name of Officer **Alfred R. Signorelli**
Title of Officer **Treasurer**