

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 2011

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. 2. Name of Corporation 560494 The Supper Table 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City ZipRhode Island P.O. Box 1653 Westerly 02891 5 Foreign corporation. Enter principal office address City Stato

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6. Brief Description of the	character of the affairs which	ch are actually conducted in F	Phode Island				
Charitable and edu	cational purposes incl	uding, but not limited to	o, serving the needs of the u	ndernourished.			
			-				
	DRESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) TILL IN SP	ACES BEFORE USING	ATTACHMENTS		
President Name			Vice President Name				
Sylvia Blanda			Arlene M Hawkins				
Street Address			Street Address				
56 East Park Land			23 Juniper Ave				
Gitp	State :	Ζip	City	State	Zip		
Kingston	RI ·	02881	Westerly	RI	02891		
Secretary Name	· *		Treasurer Name				
				Carolyn Dickey			
Street Address			Street Address				
٠.			4 Fairfield Dr				
СЦУ	State ;	Zip	City	State	Zip		
			Westerly	RI	02891		
8. NAMES AND ADI	DRESSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS		
THE NUMBER OF 1	DIRECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHAL	L NOT BE LESS THAN	THREE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Arlene M Hawkins			Carolyn Dickey				
Street Address :			Street Address				
22 Juniper Ave			4 Fairfield Drive				
City	State	Zip	City	State	Zip		
Westerly	RI	02891	Westerly	RI	02891		
Director Name				Director Name			
Sylvia C. Blanda							
Street Address			Street Address				
56 Park Ave							
City	State	Zψ	City	State	Zip		
Kingston	RI	02881	1				
9. REGISTERED AG	ENT IN RHODE ISLA		e e	•	•		

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

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

	FILED	••
File Date	1151 2 2 0044	
Check No	JUN 2 3 2011	i*
By: BY	1033	7
	R SECRETARY OF STATE U	SE ONLY

Under penalty of perjury, I declare and affirm that I have	examined this
report, including any accompanying schedules and statemen	its, and that al
statements contained herein are true and correct.	
William C. Blanda	Labil

Signature d