

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. 33764		2. Name of Corporation The Storehouse	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 209 Allens Ave.	
5. Foreign corporation. Enter principal office address		City Waketield	Zip 02883
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Soup Kitchen		State R.I.	Zip
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Joe Gaane		Vice President Name Larry Marchetti	
Street Address 57 Oak Hill Rd.		Street Address 480 S. County Trail	
City S. Kingstown	State R.I.	City Exeter	State R.I.
Zip 02879		Zip 02822	
Secretary Name Leah Worthen		Treasurer Name Al Signorelli	
Street Address 148 Kenyon Ave.		Street Address 66 Greenwood Drive	
City Waketield	State R.I.	City Waketield	State R.I.
Zip 02879		Zip 02879	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 Mary Marchetti	
Street Address 66 Greenwood Drive		Street Address 480 S. County Trail	
City Waketield	State R.I.	City Exeter	State R.I.
Zip 02879		Zip 02822	
Director Name James Litzler		Director Name	
Street Address 221 Carolina Beck Rd.		Street Address	
City Charleston	State R.I.	City	State
Zip 02819		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

FILED

File Date **JUL 08 2011**

Check No. **2882**

By: **[Signature]**

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] **7/7/11**
Signature of Officer Date

ALFRED SIGNORELLI
Print or Type Name of Officer

Treasurer
Title of Officer