



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 139269		2. Exact name of the Corporation CITY MEAL SITE, INC.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island SOUP KITCHEN	
5. Principal office address C/O ALL SAINTS MEMORIAL CHURCH 674 WESTMINSTER STREET		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name TOM VERONNEAU		Vice-President Name JOHN MACDONALD	
Street Address 36 ALEXANDER COURT		Street Address C/O CROSSROADS 160 BROAD STREET	
City WAKEFIELD	State RI	Zip 02879	City PROVIDENCE
Secretary Name REV DAVID A. AMES		Treasurer Name JOHN MACDONALD	
Street Address C/O ALL SAINTS MEMORIAL CHURCH 674 WESTMINSTER STREET		Street Address 160 BROAD STREET	
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name DAVID A. AMES, REV. DR.		Director Name TOM VERONNEAU	
Street Address C/O ALL SAINTS MEMORIAL CHURCH 674 WESTMINSTER STREET		Street Address 36 ALEXANDER COURT	
City PROVIDENCE	State RI	Zip 02903	City WAKEFIELD
Director Name MARGARET HAINSWORTH		Director Name JOHN MACDONALD	
Street Address 6 CHAPMAN LANE		Street Address C/O CROSSROADS 160 BROAD ST.	
City BARRINGTON	State RI	Zip 02806	City PROVIDENCE
8. REGISTERED AGENT IN RHODE ISLAND		State RI	
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.		Zip 02903	

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUL 19 2012

BY **0175138**

11:40

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.

Thomas A. Veronneau 7/13/12
Signature of Officer Date

THOMAS A VERONNEAU
Print or Type Name of Officer

PRESIDENT / EXECUTIVE DIRECTOR
Title of Officer