



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 2013

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. 33764		2. Exact name of the Corporation The Storehouse	
3. State of Incorporation R. I.		4. Brief description of the character of business conducted in Rhode Island Soup Kitchen	
5. Principal office address Church of God 209 Allen Ave		City Watefield	State R.I.
		Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Joseph Gague		Vice-President Name Alfred Signorelli	
Street Address 57 Oak Hill Rd.		Street Address 66 Greenwood Drive	
City Watefield	State R.I.	City Watefield	State R.I.
Zip 02879		Zip 02879	
Secretary Name Leonard Worton		Treasurer Name Leonard Worton	
Street Address South Bay Manor, Kingstown Rd.		Street Address South Bay Manor, Kingstown Rd.	
City Watefield	State R.I.	City Watefield	State R.I.
Zip 02879		Zip 02879	
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 Leonard Worton (Secretary)		Director Name Leonard Worton (Treasurer)	
Street Address South Bay Manor, Kingstown Rd.		Street Address South Bay Manor, Kingstown Rd.	
City Watefield	State R.I.	City Watefield	State R.I.
Zip 02879		Zip 02879	
Director Name Helene Gersony		Director Name Heather Signorelli	
Street Address 83 Greenwood Drive		Street Address 66 Greenwood Drive	
City Watefield	State R.I.	City Watefield	State R.I.
Zip 02879		Zip 02879	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

BY 2933

JUN 17 2013

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.

Alfred R. Signorelli Date 6/7/13

Signature of Officer

Alfred R. Signorelli

Print or Type Name of Officer

Vice President

Title of Officer