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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
560494	The Supper Table
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Charitable and educational purposes including, but not limited to, serving the needs of the undernourished.

5. Principal office address	City	State	Zip
P.O. Box 1653	Westerly	RI	02891

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Sylvia Blanda	none
Street Address	Street Address
56 East Park Lane	none
City / State / Zip	City / State / Zip
Kingston / RI / 02881	none / none /
Secretary Name	Treasurer Name
Arlene 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

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Debra Pendola	Christine Davidson
Street Address	Street Address
5 Quail Run	Boiling Spring Avenue
City / State / Zip	City / State / Zip
Westerly / RI / 02891	Westerly / RI / 02891
Director Name	Director Name
Toni Skocic	Joan Serra
Street Address	Street Address
~~Apache Drive~~ 19 Mohegan Trail	91 Tower Street
City / State / Zip	City / State / Zip
Westerly / RI / 02891	Westerly / RI / 02891

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, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 02 2014
BY 1079

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.

Sylvia C. Blanda 5/29/14
Signature of Officer or Authorized Representative Date

Sylvia C. Blanda
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

107155-1-958314