

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 Filing Period: June 1 - June 30 - This report Trials Inc.

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

2. Exact name of the Corporation The Supper Table

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

3. State of Incorpora	etion Charles	stepsion of the character of the charact	usposeendetaing, d	นิเรียง limited to, เ	serving the needs of
Rhode Island		. •••			
5. Principal office ac	ddress		City	State	Zip
P.O. Box 1653			Westerly	RI	02891
	EHS (NAMES AND ADD)	RESSES) ("X" BOX FOR A	TTACHMENT)	J.	
President Name			Vice-President Name		
Sylvia Blanda			none		
Street Address			Street Address		
56 East Park La	ne		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	Ζiρ	City	State	Zip
Westerly	RI	02891	Westerly	RI	02891
7. LIST ALL DIREC ("X" BOX FOR A" Director Name	TORS (NAMES AND ADD ITACHMENT)	DRESSES), RHODE ISLAN	D CORPORATIONS <u>MUS</u> T	LIST NO LESS THAN	I THREE (3) DIRECTORS
			Director Name		
Debra Pendola			Christine Davidson		
Street Address			Street Address		
5 Quail Run			Boiling Spring Aven		
City	State	Zip	City	State	Zip
Westerly	RI	02891	Westerly	RI	02891
Director Name			Director Name		
Toni Skocic Street Address			Joan Serra		
			Street Address		
Apache Drive City			91 Tower Street		
	State	Zip	City	State	Ζiρ
Westerly	RI	D2891	Westerly	RI	02891
	ENT IN RHODE ISLAND				
This information is	currently of record in the	Office of the Secretary o	f State. Changes require fi	ling Form 641.	
This report must be si or Trustee	igned by either the Preside	ent, Vice-President, Secreta	ry, Assistant Secretary, Trea	surer, duly Authorized F	Representative, Receiver
FRe Date			Under penalty of perju this report, including a and that all statements	any accompanying sc	n that I have examined hedules and statements, s true and correct.
Check No FILED		FILED	٥	0 0	1
By:			Signature of Officer or Authorized Representative Date		
FOR SECRETARY	OF STATE USE ONLY	JUN 0 2 2014	and the state of t		Date
orm No. 631	8	v_10'19	Sylvia (Print or Type Name of O	G Blanda Officer or Authorized Re	propertative
Revised: 04/2014				Ancer of Authorized He	presentative