RI SOS Filing Number: 201561591460 Date: 05/11/2015 4:00 PM

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 2015

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
PO Box 1653	Westerly	RI	02891

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

President Name	City	State	Zip
Sylvia Blanda	Kingston	RI	02881
Street Address			
56 East Park Lane			

Vice-President Name	City	State	Zip
Debra Pendola	Westerly	RI	02891
Street Address			
5 Quail Run			

Secretary Name	City	State	Zip
Arlene Hawkins	Westerly	RI	02891
Street Address			
22 Juniper Ave			

Treasurer Name	City	State	Zip
Carolyn Dickey	Westerly	RI	02891
Street Address			
4 Fairfield Drive			

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

Director Name	City	State	Zip
Christine Davidson	Westerly	RI	02891
Street Address			
3 Boiling Spring Ave			

Director Name	City	State	Zip
Joan Serra	Westerly	RI	02891
Street Address			
91 Tower Street			

Director Name	City	State	Zip
Toni Skocic	Westerly	RI	02891
Street Address			
19 Mohegan Trail			

Director Name	City	State	Zip
Cami Gordon	Westerly	RI	
Street Address			
4 Rosemount Lane			

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
MAY 11 2015
BY

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 5/1/15
Signature of Officer or Authorized Representative Date

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

President

Form No. 631
Revised: 04/2014

120765-10-1036918