State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 27 AM 11:57

1. Entity ID Number	2. Exact name of the Corporation
62163	CAMP STREET COMMUNITY MINISTRIES
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISLAND	FOOD PANTRY AND CLOTHING DISTRIBUTION

5. Principal Office Address	City	State	Zip
190 1/2 CAMP STREET	PROVIDENCE	RI	02906

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

~~President~~ Name			~~Vice-President~~ Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name	GREGORY LUPICA	
Street Address			Street Address	24 MOUNT HOPE AVE	
City	State	Zip	City PROVIDENCE	State RI	Zip 02906

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	JACQUELINE WATSON		Director Name	JULIE BALDWIN	
Street Address	105 RESERVOIR AVE		Street Address	25 FOSDYKE ST	
City PAWTUCKET	State RI	Zip 02860	City PROVIDENCE	State RI	Zip 02906
Director Name	GREGORY LUPICA		Director Name		
Street Address	24 MOUNT HOPE AVE		Street Address		
City PROVIDENCE	State RI	Zip 02906	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
GREGORY LUPICA	6/15/2016

Signature of Officer/Authorized Representative: GREGORY LUPICA — SIGN DOCUMENT HERE

FILED
JUN 27 2016
BY 277636

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov