



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000793836

**2. Name of Corporation** Cumberland Holiday Basket Program, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

624210

**4. Corporate Address in Rhode Island**

No. and Street: 247 HARRIET LANE

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ALLEVIATE HUNGER DURING THE HOLIDAY SEASONS IN THE COMMUNITY OF  
CUMBERLAND RHODE ISLAND BY PROVIDING CHARITABLE HOLIDAY FOOD  
BASKETS TO LOW INCOME FAMILIES WITHIN THE COMMUNITY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	DEBRA COIA	10 MORNING WAY CUMBERLAND, RI 02864 USA
VICE PRESIDENT	MELINDA ACOSTA	9A GASKIN LANE CUMBERLAND, RI 02864 USA
SECRETARY	BRIAN HART	21 BELLINGHAM RD. BLACKSTONE, MA 01504 USA
TREASURER	DEBRA COIA	10 MORNING WAY CUMBERLAND, RI 02864 USA
PRESIDENT	JOHN JOHNSON	247 HARRIET LANE CUMBERLAND, RI 02864 USA
DIRECTOR	JOHN JOHNSON	247 HARRIET LANE CUMBERLAND, RI 02864 USA
DIRECTOR	BRIAN HART	21 BELLINGHAM RD. BLACKSTONE, MA 01504 USA
DIRECTOR	MELINDA ACOSTA	9A GASKIN LANE CUMBERLAND, RI 02864 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOHN E. JOHNSON 247 HARRIET LANE CUMBERLAND , RI 02864

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

**Signed this 1 Day of June, 2017 at 1:42:17 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOHN JOHNSON  
Signature of Authorized Person

Form No. 631  
Revised 09/07