



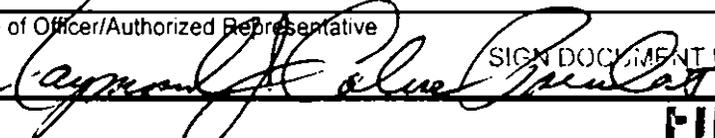
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

STAMP

Annual Report for the year: **2018**

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.

1. Entity ID Number <b>147379</b>		2. Exact name of the Corporation <b>Christine's Kitchen, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>to provide food, clothing and household items to those in need</b>			
4. NAICS Code <b>624210 - Community Food Ser.</b>					
6. Principal Office Address <b>1665 Hartford Avenue Suite 40</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Raymond J. Calise</b>		Vice-President Name <b>Dwayne Ford</b>			
Street Address <b>28 Fall River Avenue</b>		Street Address <b>1887 D Youville Lane</b>			
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Atlanta</b>	State <b>GA</b>	Zip <b>30341</b>
Secretary Name <b>Anthony Ambrosino</b>		Treasurer Name <b>Anthony Milia CPA</b>			
Street Address <b>12 Hersey Street</b>		Street Address <b>11 Old Quarry Road</b>			
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Raymond J. Calise</b>		Director Name <b>Anthony Milia CPA</b>			
Street Address <b>28 Fall River Avenue</b>		Street Address <b>11 Old Quarry Road</b>			
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Director Name <b>Elizabeth M. Calise</b>		Director Name			
Street Address <b>28 Fall River Avenue</b>		Street Address			
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Raymond J. Calise President</b>					Date
Signature of Officer/Authorized Representative 					<b>6-16-18</b>

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

**FILED** *or*  
 JUN 21 2018  
 BY **1145**