



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

Annual Report for the year: **2019**

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.

STAMP
FILED
 FOR
JUL 18 2019
 BY 37108 DS

1. Entity ID Number 000560494		2. Exact name of the Corporation The Supper Table			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable purpose including but not limited to serving needs of undernourished			
4. NAICS Code 624210 - Community Food Serv					
6. Principal Office Address P.O. Box 1653			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sylvia Blanda			Vice-President Name Debra Pendola		
Street Address 56 East Park Lane			Street Address 5 Quail Run		
City Kingston	State RI	Zip 02881	City Westerly	State RI	Zip 02891
Secretary Name Cami Gordon			Treasurer Name Carolyn Dickey		
Street Address 4 Rosemount Lane			Street Address 4 Fairfield Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christine Davidson			Director Name Arlene Hawkins		
Street Address 3 Boiling Spring Avenue			Street Address 22 Juniper Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Toni Skocic			Director Name Joan Serra Nancy Blyak		
Street Address 19 Mohegan Trail			Street Address 91 Tower Street 116 Winnonavg Rd		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
9. 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.					
<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 Sylvia Blanda					Date 7/16/19
Signature of Officer/Authorized Representative <i>Sylvia C Blanda</i>					SIGN DOCUMENT HERE

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