State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State			
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: 2020			
1. Corporate ID No. 000793836			
2. Name of Corporation Cumberland Holiday Basket Program, Inc.			
3. State of Incorporation			
State: <u>RI</u>			
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 <u>click here.</u>			
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			
<u>CUMBERLAND RHODE ISLAND BY PROVIDING CHARITABLE HOLIDAY FOOD</u> BASKETS TO LOW INCOME FAMILIES WITHIN THE COMMUNITY			
DASKETS TO LOW INCOME PANILLES 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## Incorporator is no longer applicable; please delete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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	ANN MCCARTY	65 NOTRE DAME CUMBERLAND, RI 02864 USA
SECRETARY	NICOLE JEANNOTTE	87 ENGLAND ST. CUMBERLAND, RI 02864 USA
VICE PRESIDENT	MELINDA ACOSTA	9A GASKIN LANE 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	MELINDA ACOSTA	9A GASKIN LANE CUMBERLAND, RI 02864 USA
DIRECTOR	NICOLE JEANNOTTE	87 ENGLAND ST. CUMBERLAND, RI 02864 USA
DIRECTOR	ANN MCCARTY	65 NOTRE DAME 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 7 Day of June, 2020 at 4:48:38 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 E JOHNSON

Signature of Authorized Person

Form No. 631 Revised 09/07

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