



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

Annual Report for the year: **2020**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

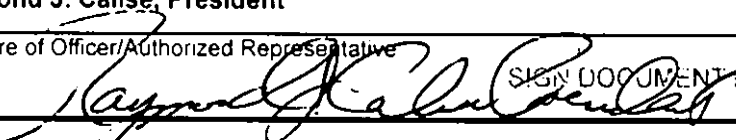
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 19 2020

BY

1045 NS

1. Entity ID Number 147379		2. Exact name of the Corporation Christine's Kitchen, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island to provide food, clothing and household items to those in need			
4. NAICS Code 624210 - Community Food S					
6. Principal Office Address 1665 Hartford Avenue Suite 40		City Johnston		State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Raymond J. Calise			Vice-President Name Robert F. Calise		
Street Address 6 Ledge Road			Street Address 81 Crest Drive		
City Seekonk	State MA	Zip 02771	City Cranston	State RI	Zip 02921
Secretary Name Anthony Ambrosino			Treasurer Name Anthony Milia CPA		
Street Address 12 Hersey Street			Street Address 11 Old Quarry Road		
City Johnston	State RI	Zip 02919	City North Scituate	State RI	Zip 02857
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 Raymond J. Calise			Director Name Anthony Milia CPA		
Street Address 6 Ledge Road			Street Address 11 Old Quarry Road		
City Seekonk	State MA	Zip 02771	City North Scituate	State RI	Zip 02857
Director Name Elizabeth M. Calise			Director Name		
Street Address 6 Ledge Road			Street Address		
City Seekonk	State MA	Zip 02771	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.					
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 Raymond J. Calise, President				Date June 18, 2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL-TO:

Division of Business Services

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