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
JUL 23 2020
BY 3840

1. Entity ID Number	2 Exact name of the Corporation
000560494	**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 Ser**	

6. Principal Office Address	City	State	Zip
P.O. Box 1653	**Westerly**	**RI**	**02891**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

Director Name: **Christine Davidson**			Director Name: **Arlene Hawkins**		
Street Address: **3 Boiling Soring Avenue**			Street Address: **22 Juniper Avenue**		
City: **Westerly**	State: **RI**	Zip: **02891**	City: **Westerly**	State: **RI**	Zip: **02891**
Director Name: **Toni Skocic**			Director Name: **Nancy Bilyak**		
Street Address: **19 Mohegan Trail**			Street Address: **116 Winnapaug Road**		
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.

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	Date
Sylvia Blanda	July 17, 2020

Signature of Officer/Authorized Representative: Sylvia Blanda

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

FORM 631 - Revised: 11/2017