



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*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:** 2023

**1. Corporate ID No.** 001710451

**2. Name of Corporation** Fresh Harvest Kitchen

**3. State of Incorporation**

State: RI

**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 [click here](#).

NAICS Code

624210

**4. Principal Office Address**

No. and Street: 9 EAST AVENUE

UNIT F

City or Town: WESTERLY

State: RI

Zip: 02891

Country: US

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO BE COMMUNITY PROCESSING KITCHEN FOR LOCAL AND ARTISANAL HARVESTERS.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	GINA FULLER	19 MORIAH DR WESTERLY, RI 02891 USA
DIRECTOR	KATHRINE KIEFFER	PO BOX 266 WAKEFIELD, RI 02880 USA
DIRECTOR	PHILLIP MORESCHI	93 WILLOW ROAD CHARLESTOWN, RI 02813 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

GINA FULLER PO BOX 1636 KINGSTON , RI 02881

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 21 Day of December, 2022 at 8:44:48 AM 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 GINA T. FULLER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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