



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2023 AUG 16 A 9:39

1. Entity ID Number 139269		2. Exact name of the Corporation City Meal Site, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island City Meal Site serves high-quality grab-and-go meals to needy adults in our neighborhood every Tuesday Evening			
4. NAICS Code 624210					
6. Principal Office Address 624 Westminster Street		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Bodell			Vice-President Name Alane Spinnehy		
Street Address 15 Jay Street			Street Address 166 Waterman Street		
City Rumford	State RI	Zip 02916	City Providence	State RI	Zip 02906
Secretary Name Jack Nolan			Treasurer Name Frank McGovern		
Street Address 229 Medway Street - APT 101			Street Address 17 Miles Avenue		
City Providence	State RI	Zip 02906	City Cranston	State RI	Zip 02920
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 John MacDonald			Director Name Deborah Farrar		
Street Address 4 Robert Street			Street Address 5 Carolann Avenue		
City Foxboro	State MA	Zip 02035	City Smithfield	State RI	Zip 02917
Director Name Bob Wells			Director Name Julie Hanavan		
Street Address 16 College Road			Street Address 38 Church Lane North		
City Providence	State RI	Zip 02908	City Kingstown	State RI	Zip 02852
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Jack Nolan					Date 14 August 2023
Signature of Officer/Authorized Representative <i>Jack Nolan, Secretary</i>					

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

AUG 16 2023
BY 4408

FORM 631- Revised: 04/2023