



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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.

FILED

FEB 26 2024

BY

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STAMP

FOR

1. Entity ID Number 000560494		2. Exact name of the Corporation 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 Servi-					
6. Principal Office Address P.O. Box 1653			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Sheila Beattie			Vice-President Name Debra Pendola		
Street Address 5 Whales View Dr			Street Address 5 Quail Run		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name XXXXXXXXXX ELEANOR WILLIS			Treasurer Name Carolyn Dickey		
Street Address XXXXXXXXXX 5 SHIRLEY DRIVE			Street Address 58 Dye Hill Road		
City Westerly	State RI	Zip 02891	City Hope Valley	State RI	Zip 02832
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Ellie Cote			Director Name Gail Lansing		
Street Address 16 Chin Hill Road			Street Address 153 High St. #14		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name XXXXXXXXXX SYLVIA BLANDA			Director Name Ed Conklin		
Street Address XXXXXXXXXX 56 EAST PARK LANE			Street Address 15 Cedar Crest Drive		
City Westerly KINGSTON	State RI	Zip 02891 02891	City Westerly	State RI	Zip 02891
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.					
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 Sheila Beattie				Date 2/13/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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