



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSD
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Annual Report for the year: **2024**

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 509810		2. Exact name of the Corporation Kitchen Mentors Inc.			
3. Principal Office Address 130 Mulberry Drive			City North Kingstown	State RI	Zip 02852
4. NAICS Code 722320		6. Brief description of the character of business conducted in Rhode Island Food service education, individualized and adaptive for special needs individuals.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Steven Hixon			Vice-President Name Nora R. Hixon		
Street Address 130 Mulberry Drive			Street Address 130 Mulberry Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State	Zip 02852
Secretary Name Steven Hixon			Treasurer Name Steven Hixon		
Street Address 130 Mulberry Drive			Street Address 130 Mulberry Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,000		Common	
				PAR VALUE	
				\$0.01	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Steven Hixon				Date 3-12-24	
Signature of Authorized Representative 			FILED		