



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 - ENTER THE CURRENT YEAR 2024:** 2024

1. Corporate ID No. 001739825

2. Name of Corporation Cereal for Dinner Inc.

3. State of Incorporation

State: RI

**NAICS CODE**

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

813212

4. Principal Office Address

No. and Street: 596 CHARLES ST

#4

City or Town: PROVIDENCE

State: RI

Zip: 02904

Country: USA

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

SAID ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER THE SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE. THE BUSINESS ACTIVITY FOR SAID ORGANIZATION IS AS FOLLOWS: TO PROVIDE COMPREHENSIVE INFORMATION ABOUT HOW TO COPE WITH

**DEPRESSION & TAKE SMALL BUT SUSTAINABLE STEPS TOWARD LIFESTYLE CHANGES THAT MEET THEM WHERE THEY ARE IN THEIR DEPRESSION JOURNEYS.**

**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.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	EMILY DERECKTOR	1022 HOPE ST PROVIDENCE, RI 02906 USA
INCORPORATOR	CHEYENNE MOSELEY	101 N BRAND BLVD, 11TH FLOOR GLENDALE , CA 91203 USA
OTHER OFFICER	EMILY DERECKTOR	1022 HOPE STREET PROVIDENCE, RI 02906 UNI
DIRECTOR	DOROTHY BORRESEN	867 BOYLSTON STREET, 5TH FLOOR PMB 237 BOSTON, MA 02116 USA
DIRECTOR	WILLIAM ALEXANDER	133 FRANKLIN CORNER RD, 2ND FLOOR LAWRENCEVILLE, NJ 08648 USA
DIRECTOR	SANDY GLOVER	867 BOYLSTON STREET, 5TH FLOOR PMB 237 BOSTON, MA 02116 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**

UNITED STATES CORPORATION AGENTS, INC. 222 JEFFERSON BOULEVARD, SUITE 200  
WARWICK , RI 02888

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

**Signed this 5 Day of May, 2024 at 3:50:27 PM 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 EMILY DERECKTOR  
Signature of Authorized Person

Form No. 631  
Revised 09/07