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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation			
154924	Rhode Island Raised Livestock Association, Inc.			
3. Street Address Principal Business Office		City	State	Zip
455 North Road		Jamestown	RI	02835
4. Business Phone No.	5. State of Incorporation			
423-0005	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Production, processing and marketing of quality RI raised meat products to help farms preserve the agricultural lands.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Donald Minto			Kevin Bouthillette		
Street Address			Street Address		
455 North Road			122 Limerock Road		
City	State	Zip	City	State	Zip
Jamestown	RI	02835	Smithfield	RI	02917
Secretary Name			Treasurer Name		
Danielle Tessier			William Wright		
Street Address			Street Address		
Featherbed Road			120 Breakheart Hill Rd.		
City	State	Zip	City	State	Zip
North Kingstown	RI	02852	West Greenwich	RI	02817

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
NONE			NONE		
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 *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
~~NONE~~ 1000.		$.01

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE		

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.

[redacted] [redacted]

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.

William H Wright 2-27-08
Signature *Date*

William H Wright
Print or Type Name

[redacted] Tres
Title

File Date FILED
Check No.
MAR 13 2008
By: DS 1010
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Form 630 Rev. 12/06

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