

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

401.222.3046

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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.	2 Mana of Con					
154626		2. Name of Corporation				
3. State of Incorporation		Farm Fresh Rhode Island 4. Corporate address in Rhode Island - Street Address Gttv Zto				
Rhode Island	1		Addition	City	Zip	
Hhode Island     1005 Main Street, #1220			Leave	Pawtucket	02860	
7. I diviga corporation.	энсі ұғысды одже шин	25.5	City	State	Zip	
			Rhode Island R TO BUILD A MORE SUSTA			
	RESSES OF THE OF	FICERS: ("X" BOX FOR	ATTACHMENT) [ FILL IN SP.	ACES BEFORE USING ATT.	ACHMENTS	
President Name			Vice President Name			
Chase Hogoboom			Tyler Ray			
Street Address			Street Address			
1005 Main Street, #1220 City State Zib			1005 Main Street. #1220			
Pawtucket	RI	Ζί <u>ρ</u>	City	State	Zip	
Secretary Name	JIII	02860	Pawtucket Treasurer Name	RI	02860	
Gerra Harrigan			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Street Address			Lynn Kent			
1005 Main Street. #1220			Street Address			
City	State	Zip	1005 Main Street. #1220 City State Zip			
Pawtucket	RI	02860	Pawtucket	i	Zip 20000	
			RATTACHMENT) FILL IN SP	RI	[02906	
Director Name			ND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23    Director Name			
Noah Fulmer						
Street Address			Sheri Griffin Street Address			
1005 Main Street, #1220						
City	State	Zψ	1005 Main Street.	#1220   State	77.	
Providence	RI	02860	Pawtucket	RI	<i>‰</i> 02860	
Director Name	Ti fi	02000	Director Name	JNI	JU200U	
Christie Moulton			The city Hume			
Street Address			Street Address			
1005 Main Street. #	£1220		CAT TIME VEG			
City:	State	Zip	City	State	Zip	
Pawtucket	RI	02860			, ''4'	
9. REGISTERED AGE	NT IN RHODE ISLA	ND				
This information is con	rently of record in th	e Office of the Secretary	of State. Changes require filing	of Form 641 PLC L 7.6	12/7 4 70	
This repo	rt must be signed by	either the President, Vi	ce President, Secretary, Assist	ant Secretary, Treasurer, Re	ceiver or Trustee	

This report must be signed by either the President	, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
154626	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.
File Date 7-12-2010 Check No. 5068	Signature of Officer Harrigan  Gerra C. Harrigan
By:	Print or Type Name of Officer  Secvetary  Title of Officer