

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

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

401.2

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.

Finally fee of CZ,7.00.							
1. Corporate ID No		2. Name of Corporation					
80699	R.I. FFA AI	Lumni Assocaition					
3. State of Incorporation	4. Corporate do	4. Corporate address in Rhode Island - Street Address City Zip					
RI	32 Hillsdal			West Kingston	02892		
5. Foreign corporation. Enter principal office address			City	State	SEC SEC		
6. Brief Description of the char	racter of the affairs whi	ch are actually conducted in R	Phode Island				
To pormote agricultural					RETAR RETAR		
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) TILL IN SPACE	S BEFORE USING ATTAC	HMENTS ART		
President Name			17 car Development Norman				
Dana Millar			James Titus				
Street Address			Street Address				
32 Hillsdale Road			160 Liberty Hill Road				
Giy	State	Zip	City	State	Zip		
West Kingston	RI	02892	West Greenwich	RI	02817		
Secretary Name			Treasurer Name				
Nancy Toles			Denise Slater				
Street Address			Street Address				
49 Sheffield Hill Road			367 Gardner Road				
City	State	Z(p)	CHY	State	$Z\psi$		
Exeter	RI	02822	West Kingston	RI	02892		
8. NAMES AND ADDRE	SSES OF THE DIE	RECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	S BEFORE USING ATTAC	CHMENTS		
THE NUMBER OF DIRE	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHALL NO</u>	OT BE LESS THAN THRE	E (3). R.I.G.L. 7-6-23		
Director Name			Director Name		27		
Allison Toles			GReg Breene				
Street Address			Street Address		( <u></u>		
75 Borden Ave			21E Victory Highway				
СЩ	State	Zψ	CHY	State	ZVO		
Johnston	RI	02819	West Greenwich	RI	02817		
Director Name Kayla Harrison			Director Name				
Street Address			Street Address		<u> </u>		
24 Kent View Drive			· ·		02		
Cuy	State	Zip	СИу	State	Zip		
Hope	RI	02831					
9. REGISTERED AGENT	IN RHODE ISLA	ND		I	ı		
This information is curren	ully of record in the	e Office of the Sccretary o	of State. Changes require filing of F	Form 641 - R.I.G.L. 7-6-13/	7-6-78		
			e President, Secretary, Assistant				

<b>8</b> 0699	
File Date FILED  Check No.	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.  Signature of Officer  Date
AUG 1 0 2011 BV / / 11/09 9 / -	Denise Slater  Print or Type Name of Officer
FOR SECRETARY DE BYATE USE ONLY	Tresurer Title of Officer Form 631 Rev. 09/17