



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 134604		2. Exact name of the Corporation Rhode Island Farmers Market Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Farmers Market Organization Represents RI Farmers Markets			
5. Principal office address 235 Promenade Street Room 370		City Providence		State RI	Zip 02908
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lisa Lewis		Vice-President Name Pat Gardiner			
Street Address P.O. Box 1481		Street Address 1283 South Road			
City Newport	State RI	Zip 02840	City Wakefield	State RI	Zip 02879
Secretary Name Peter Susi		Treasurer Name Peter Susi			
Street Address 235 Promenade Street		Street Address 235 Promenade Street			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Tim Kocab		Director Name Jeffrey McGuire			
Street Address 11 Indian Corner Road		Street Address 72 Andre Ave.			
City Saunderstown	State RI	Zip 02874	City Wakefield	State RI	Zip 02879
Director Name Steve Stycos		Director Name Bevan Linskey			
Street Address 37 Ferncrest Ave.		Street Address P.O. Box 12			
City Cranston	State RI	Zip 02906	City Saunderstown	State RI	Zip 02874
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 09 2013

By mnc
CA # 541

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.

Peter Susi
Signature of Officer

5-8-13
Date

Peter Susi

Print or Type Name of Officer

Treasurer

Title of Officer