

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 $\cancel{2013}$

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

Filing Fee: \$20.00 • FAIL	URE TO FILE T	HIS REPORT BY JU	LY 30 WILL RESULT	IN A \$25.00	PENALTY F	FEE.
1. Entity ID No.	2. Exact name of the Corporation					
000486734	RHODE ISLAND RAISED LIVESTICK ASSOCIATION, INC					
3. State of Incorporation	4. Brief descriptio	n of the character of bu	siness conducted in Rhode Island			
RHODE ISLAND	AGRICUL AGRARI	TURAL LAND AN WALL OF	SURE THE PRO S, DUR RURA HIFE	L ELON	ionly A	DD OUR
5. Principal office address 18 PONAEANSETT ROAD			City FUSTER		State R/	2ip 02825
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)						
President Name JANE CHRUSTOPHER			Vice-President Name DUNALD FTCPKINS			
Street Address 18 PONAGANSETT RUAD			Street Address			
City FOSTER	State R(DZ825	City NORTH SCITU	47E	State K	02857
Secretary Name			Treasurer Name			
MARTHA NEALE Street Address			SHETZRY GRIFFITHS Street Address			
17 MARINE AVENUE			9 JOHNSON ROAD			
City TAMESTOWN	State R(Zip 02835	City FOSTER		State R (Zip 02825
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)						
Director Name PETER WH	ITMAN		Director Name PATRICK	L MeNi	FF	
Street Address	CORNE	e ROAD	Street Address 830 SOL	ITH R	OAD	TORA M
WAKEFIELD	State R/	Zip 02879	City	NWICH	State /	ZIPO Z8/8
Director Name WILLIAM COULTER			Director Name 6RE6 BREENE 5			
Street Address P.O. Box 147			Street Address 21 E VICTORY HILLWAY			
CITY WOOD RIVER JUNE MON	State R/	Zip	City WEST GREEN		State R/	2ip 2817
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 sig	ned by either the	President, Vice-Preside	nt, Secretary, Assistant S	ecretary, Trea	surer, Receiv	er or Trustee

File Date	FILED	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.
Check No	MAY 0 9 2013	Signature of Officer Date 5/8//3
FOR SECRETARY OF ST	MENUSE ONLY (MM)	JANEH. CHRISTOPHER Print or Type Name of Officer
Form No. 631 Revised: 05/2012	B9-196872	Title of Officer

486734

Rhode Island Raised Livestock Association Additional Board Members 2013 Annual Report

Will Wright, Ex Officio 120C Breakheart Hill Road West Greenwich, RI 02817

Terrie Oatley 1180 Ten Rod Road Exeter, RI 02822

Wendy Knowlton 337 Central Pike North Scituate, RI 02857

Lou Vinagro III 203 Hartford Pike Foster, RI 02825