



**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. <b>30068</b>		2. Exact name of the Corporation <b>The Rhode Island FFA Foundation, Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Support secondary education students in agricultural education.</b>			
5. Principal office address <b>University of Rhode Island Woodward Hall</b>		City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input checked="" type="checkbox"/>					
President Name <b>Gwynne Millar</b>		Vice-President Name <b>Norman Hammond</b>			
Street Address <b>32 Hillsdale Rd</b>		Street Address <b>25 Old Hartford Pike</b>			
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>N. Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>Anthony Mallilo</b>		Treasurer Name <b>James Owen</b>			
Street Address <b>Woodward Hall</b>		Street Address <b>10 David Drive</b>			
City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>					
Director Name <b>Dana Millar</b>		Director Name <b>Loren Thurn</b>			
Street Address <b>32 Hillsdale Rd</b>		Street Address <b>204 Burnt Hill Rd</b>			
City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>Hope</b>	State <b>RI</b>	Zip <b>02831</b>
Director Name <b>William Stamp III</b>		Director Name			
Street Address <b>219 Comstock Parkway</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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

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.

*Anthony Mallilo* 5/14/13  
 Signature of Officer Date  
**Anthony Mallilo**  
 Print or Type Name of Officer  
**Secretary**  
 Title of Officer

**FILED**

JUN 17 2013

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BY \_\_\_\_\_