



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. 30068		2. Exact name of the Corporation The Rhode Island FFA Foundation, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Support secondary education students in agricultural education.			
5. Principal office address University of Rhode Island Woodward Hall		City Kingston		State RI	Zip 02881
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Gwynne Millar		Vice-President Name Norman Hammond			
Street Address 32 Hillsdale Rd		Street Address 25 Old Hartford Pike			
City West Kingston	State RI	Zip 02892	City N. Scituate	State RI	Zip 02857
Secretary Name Anthony Mallilo		Treasurer Name James Owen			
Street Address Woodward Hall		Street Address 10 David Drive			
City Kingston	State RI	Zip 02881	City Johnston	State RI	Zip 02919
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 Dana Millar		Director Name Loren Thurn			
Street Address 32 Hillsdale Rd		Street Address 204 Burnt Hill Rd			
City West Kingston	State RI	Zip 02892	City Hope	State RI	Zip 02831
Director Name William Stamp III		Director Name			
Street Address 219 Comstock Parkway		Street Address			
City Cranston	State RI	Zip 02921	City	State	Zip
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

JUN 17 2013

BY

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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