



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 32044		2. Exact name of the Corporation Rhode Island Agricultural Council			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To Promote Agriculture in Rhode Island			
5. Principal office address 26 Taber Street		City West Kingston		State RI	Zip 02892-1425
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Al Bettencourt			Vice-President Name Kristen Castrataro		
Street Address 960 South Main			Street Address 240 Richmond Townhouse Road		
City Pascoag	State RI	Zip 02859	City Carolina	State RI	Zip 02812
Secretary Name Stephen Logan			Treasurer Name Stephen Logan		
Street Address 26 Taber Street			Street Address 26 Taber Street		
City West Kingston	State RI	Zip 02892-1425	City West Kingston	State RI	Zip 02892-1425
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 Mark Howard			Director Name William Stamp III		
Street Address 63 Howards Lane			Street Address 219 Comstock Parkway		
City North Scituate	State RI	Zip 02857	City Cranston	State RI	Zip 02921
Director Name Loren Thurn			Director Name Jon Jaffe		
Street Address 555 Gardiner Road			Street Address 209 John Mowry Road		
City Exeter	State RI	Zip 02822	City Smithfield	State RI	Zip 02817
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 13 2014

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.

Stephen Logan 5/12/14
 Signature of Officer or Authorized Representative Date

BY Stephen Logan

Stephen Logan, Secretary/Treasurer

Print or Type Name of Officer or Authorized Representative