



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000458139

2. Name of Corporation South County Growers' Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 11 INDIAN CORNER ROAD

City or Town: SAUNDERSTOWN

State: RI Zip: 02874 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO SUPPORT AND BETTERMENT OF RHODE ISLAND LOCAL INDEPENDENT FARMS AND ARTISANS, TO IMPROVE THE AVAILABILITY OF LOCALLY GROWN RHODE ISLAND PRODUCE AND RELATED ACTIVITIES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	J TIMOTHY KOCAB	11 INDIAN CORNER RD SAUNDERSTOWN, RI 02874 USA
SECRETARY	AUBURN D COLE	230 BELL SCHOOLHOUSE RD

		WEST KINGSTON, RI 02892 USA
VICE PRESIDENT	WILLIAM A COULTER	363 SHUMANKANUC HILL RD CHARLESTOWN, RI 02813 USA
DIRECTOR	J TIMOTHY KOCAB	11 INDIAN CORNER RD SAUNDERSTOWN, RI 02874 USA
DIRECTOR	WILLIAM A COULTER	363 SHUMANKANUC HILL RD CHARLESTOWN, RI 02813 USA
DIRECTOR	NIN L LUCHKA	460 SCHVMUNKANUC HILL RD CHARLESTOWN, RI 02813 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

J. TIMOTHY KOCAB 11 INDIAN CORNER ROAD SAUNDERSTOWN , RI 02874

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 4 Day of June, 2014 at 10:03:49 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By J TIMOTHY KOCAB
Signature of Authorized Person

Form No. 631
Revised 09/07