



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.

JUL 31 AM 11:15
 SECRETARY OF STATE
 CORPORATIONS DIV.

1. Entity ID No. 486527		2. Exact name of the Corporation Burrillville Farmers' Market Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To improve the promotion and marketing of local farm and garden products and to stimulate the interest in the consumption of the products.			
5. Principal office address P. O. Box 215		City Pascoag	State RI	Zip 02859	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alfred Bettencourt			Vice-President Name Virginia M Houle		
Street Address 960 South Main Street			Street Address 1606 Hill Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Christine D Mulligan			Treasurer Name Rosanna Doughty		
Street Address 160 East Avenue			Street Address 311 East Avenue		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jonathan Gruttadauria			Director Name Deborah Yablonski		
Street Address 109 Algonquin Road			Street Address 63 Maroney Road		
City Mapleville	State RI	Zip 02839	City Pascoag	State RI	Zip 02859
Director Name Rhonda Dowding			Director Name		
Street Address 26B Buxton Street			Street Address		
City Harrisville	State RI	Zip 02830	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, duly Authorized Representative, Receiver or Trustee

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.

File Date _____

Check No _____

By: _____

JUL 31 2014

Rosanna Doughty
 Signature of Officer or Authorized Representative

6/30/14

Date

FOR SECRETARY OF STATE USE ONLY

BY *[Signature]*

Rosanna Doughty

Print or Type Name of Officer or Authorized Representative