



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. 000486734		2. Exact name of the Corporation Rhode Island Raised Livestock Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote and ensure the preservation of our agricultural lands, our rural economy and our agrarian way of life			
5. Principal office address 18 Ponagansett Road		City Foster		State RI	Zip 02825
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) ☐					
President Name Jane Christopher		Vice-President Name Donald Hopkins			
Street Address 18 Ponagansett Road		Street Address			
City Foster	State RI	Zip 02825	City North Scituate	State RI	Zip 02857
Secretary Name Martha Neale		Treasurer Name Sherry Griffiths			
Street Address 17 Marine Avenue		Street Address 9 Johnson Road			
City Jamestown	State RI	Zip 02835	City Foster	State RI	Zip 02825
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Peter Whitman		Director Name Patrick McNiff			
Street Address 700 Curtis Corner Road		Street Address 830 South Road			
City Wakefield	State RI	Zip 02879	City East Greenwich	State RI	Zip 02818
Director Name William Coulter		Director Name Greg Breene			
Street Address PO Box 147		Street Address 21E Victory Highway			
City Wood River Junction	State RI	Zip 02894	City West Greenwich	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

FILED

File Date _____

AUG 15 2014

Check No _____

BY 921

By: _____

FOR SECRETARY OF STATE USE ONLY

929

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.

Sherry Griffiths
Signature of Officer or Authorized Representative

8/4/14

Date

Sherry Griffiths

Print or Type Name of Officer or Authorized Representative

**Rhode Island Raised Livestock Association, Inc.
Additional Board Members 2014 Annual Report**

Will Wright, Ex Officio
120C Breakheart Hill Road
West Greenwich, RI 02817

Terrie Oatley
1180 Ten Rod Road
Exeter, RI 02822

Wendy Knowlton
337 Central Pike
North Scituate, RI 02857

Lou Vinagro III
203 Hartford Pike
Foster, RI 02825

FILED

AUG 15 2014

BY 4867324