



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. 30068		2. Exact name of the Corporation The Rhode Island FFA Foundation, Incorporated	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island SUPPORT secondary students in Agricultural Education	
5. Principal office address 114 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 Kingstm	State RI	Zip 02892	City N. Scituate State RI Zip 02857
Secretary Name Anthony Mallilo		Treasurer Name JAMES OWEN	
Street Address 114 Woodward Hall		Street Address 10 David Dr	
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 MILLA		Director Name William Stamp III	
Street Address 32 Hillsdale Rd		Street Address 219 Comstock Pkwy	
City W. Kingston	State RI	Zip 02892	City Cranston State RI Zip 02921
Director Name Allison Toles		Director Name	
Street Address 75 Borden Ave		Street Address	
City Johnston	State RI	Zip 02919	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

File Date _____

DEC 01 2014

Check No _____

By: _____

BY 3115

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.

[Signature] **11-17-14**
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Anthony Mallilo, Secretary
 Print or Type Name of Officer or Authorized Representative