

## 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: 2015** 

1. Corporate ID No. 000575395

2. Name of Corporation Revive the Roots

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 10 OLD FORGE ROAD

City or Town: SMITHFIELD State: RI Zip: 02917 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 ENGAGE IN HISTORICAL RESTORATION AND REVIVE THE SUSTAINABLE LOCAL AGRICULTURE MOVEMENT

## 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER NOEL ENGLISH	10 OLD FORGE ROAD SMITHFIELD, RI 02917 USA
VICE PRESIDENT	JOHN DELSESTO	10 OLD FORGE ROAD SMITHFIELD, RI 02917 USA

DIRECTOR	BRADFORD OZA ALLARD	10 OLD FORGE ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	SCOTT ALVES	10 OLD FORGE ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	GREGORY SANKEY JR	54 BARTON STREET PROVIDENCE, RI 02909 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

JAKE COTE 337 LOG ROAD SMITHFIELD, RI 02917

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

Signed this 12 Day of May, 2015 at 1:59:36 PM 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 GREGORY SANKEY JR Signature of Authorized Person

Form No. 631 Revised 09/07

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