



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 2015

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. 889710		2. Exact name of the Corporation Rhode Island FFA Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island FFA makes a positive difference in the lives of students by developing their potential leadership, personal growth and career success through agriculture education.			
5. Principal office address PO Box 293			City Hope Valley	State RI	Zip 02832
OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name Kyle Lussier			Vice-President Name Abygail Tate		
Street Address 1 Edgewood Dr			Street Address 35 Arcadia Rd		
City Harmony	State RI	Zip 02814	City Hope Valley	State RI	Zip 02832
Secretary Name Jordynn Cahoon			Treasurer Name		
Street Address 2 Overlook Dr			Street Address		
City Ashaway	State RI	Zip 02804	City	State	Zip
ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS FOR ATTACHMENT)					
Director Name Timothy Tefft Sr.			Director Name Penny Tefft		
Street Address 455 Main St			Street Address 455 Main St		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
Director Name Gayle Ashworth			Director Name		
Street Address 124 Woody Hill Rd			Street Address		
City Hope Valley	State RI	Zip 02832	City	State	Zip
SECRETARY OF STATE 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

MAY 18 2015

153

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.

Gayle A. Ashworth 5/15/15
Signature of Officer or Authorized Representative Date

Gayle A. Ashworth, Executive Secretary

Print or Type Name of Officer or Authorized Representative