



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 40806		2. Exact name of the Corporation The Alternative Food Cooperative		
3. Principal office address 344 Main Street		City Wakefield	State RI	Zip 02879
4. Business Phone No. 401 789-2240		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Jeffrey A. Broadhead		Vice-President Name Gloria Quinn		
Street Address 344 Main St.		Street Address 344 Main Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI
Secretary Name Vida-Wynne Griffin		Treasurer Name Gloria Quinn		
Street Address 344 Main St		Street Address see above		
City Wakefield	State RI	Zip 02879	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Linda Barrett		Director Name Marilyn Malina		
Street Address 344 Main Street		Street Address 344 Main Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI
Director Name Allison Phillips		Director Name		
Street Address 344 Main St.		Street Address		
City Wakefield	State RI	Zip 02879	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. NO SHARES		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 MAR 30 9AM '16

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 30 2016

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 of Authorized Representative _____ Date _____

Print or Type Name of Authorized Representative **Jeffrey Broadhead**

By: 271268