



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 **2012**

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. 000485820		2. Exact name of the Corporation Agresource Inc.			
3. Principal office address 100 Main Street		City Amesbury	State MA	Zip 01913	
4. Business Phone No. 978-388-5110		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island Compost Sales					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Geoffrey Kuter			Vice-President Name Tim Gould		
Street Address 292 Elm St.			Street Address 39 Cedar St.		
City Northampton	State MA	Zip 01060	City Amesbury	State MA	Zip 01913
Secretary Name Peter Britton			Treasurer Name Peter Britton		
Street Address 466 Highland st.			Street Address 466 Highland st.		
City Hamilton	State MA	Zip 01982	City Hamilton	State MA	Zip 01982
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Peter Britton			Director Name Fred Roland		
Street Address 466 Highland st.			Street Address 226 So. Kennicott St.		
City Hamilton	State MA	Zip 01982	City Arlington Heights	State IL	Zip 60005
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			6,010	CWP	\$20.00

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 APR 27 AM 11:52

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

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.

FILED

Signature of Authorized Representative

2/24/2016
Date

APR 27 2016
Geoffrey Kuter

Print or Type Name of Authorized Representative

By 273016

A.H. 11:54 A.M.