



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
889710		Rhode Island FFA Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Educational Organization			
5. Principal Office Address		City	State	Zip	
PO Box 293		Hope Valley	RI	02832	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Amelia Grimes		Vice-President Name Edward Cardin			
Street Address 130 Buckeye Brook Rd		Street Address 54 Pepperbush Tr			
City Charlestown	State RI	Zip 02813	City Narragansett	State RI	Zip 02882
Secretary Name Ariana Hatcher		Treasurer Name Carly Gordon			
Street Address 3 Wilderness Tr		Street Address 135 Skunk Hill Rd			
City Chepachet	State RI	Zip 2814	City Exeter	State RI	Zip 02822
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Timothy Tefft		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 135 Skunk Hill Rd			
City Hope Valley	State RI	Zip 02832	City Exeter	State RI	Zip 02822
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Gayle Ashworth				Date 5/14/16	
Signature of Officer/Authorized Representative <i>Gayle Ashworth</i> SIGN DOCUMENT HERE					

FILED
MAY 24 2016
BY 22005