



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 2017

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. 000019731		2. Exact name of the Corporation RHODE ISLAND HARVESTING COMPANY			
3. Principal office address 15 EXTENSION 184			City ASHAWAY	State RI	Zip 02804
4. Business Phone No. (401) 377-2670			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RETAIL FARM, INDUSTRIAL AND CONSUMER PRODUCTS SALES AND SERVICE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ELLEN R. JAMES			Vice-President Name DANIEL B. JAMES		
Street Address 7 PALMER STREET			Street Address 81 HIGH STREET		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
Secretary Name STEVEN C. JAMES			Treasurer Name NANCY E. GREENE		
Street Address 77 EGYPT STREET			Street Address 75 EGYPT STREET		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			135	CNP	\$0.00

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: _____

FILED

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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.

Nancy E. Greene 03/06/2017
 Signature of Authorized Representative Date

NANCY E. GREENE
 Print or Type Name of Authorized Representative