



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. 40806		2. Exact name of the Corporation The Alternative Food Cooperative			
3. Principal office address 344 Main St.			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 Member owned co-op selling bulk grains, beans, grocery, health products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Allison Phillips			Vice-President Name Rhonda Levey		
Street Address 344 Main Street			Street Address 344 Main Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Vida-Wynn Griffin			Treasurer Name Jeff Foye		
Street Address 344 Main St.			Street Address 344 Main St.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Linda Barrett			Director Name Justin Bristol		
Street Address 344 Main St.			Street Address 344 Main St.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Bill Rodriguez			Director Name		
Street Address 344 Main St.			Street Address		
City Wakefield	State RI	Zip 02879	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. If change require an additional filing. See Section 9 of instruction sheet. NO SHARES			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		

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

Form No. 630
Revised: 01/2012

FILED

MAR 20 2017

BY 298602

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 3/16/17

Print or Type Name of Authorized Representative
Linda Barrett