



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 001336039

2. Name of Corporation The Church of the Holy Harvest

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 400 PUTNAM PIKE, SUITE J222

City or Town: SMITHFIELD

State: RI Zip: 02917 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO CULTIVATE AND NURTURE THE INDIVIDUAL AND COLLECTIVE SPIRITS OF
MEMBERS THROUGH THE USE OF THE SACRAMENT OF CANNABIS IN VARIOUS
INCARNATIONS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	ERIC SODERLAND	400 PUTNAM PIKE, SUITE J 222 SMITHFIELD, RI 02917 USA
DIRECTOR	MICHAEL SPARDELLO	400 PUTNAM PIKE, SUITE J

		SMITHFIELD, RI 00000 USA
DIRECTOR	KATE PLUNKETT	400 PUTNAM PKE, SUITE J 222 SMITHFIELD, RI 00000 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHAEL SPARDELLO 400 PUTNAM PIKE, SUITE J222 SMITHFIELD , RI 02917

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 16 Day of May, 2017 at 12:52:10 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL SPARDELLO
Signature of Authorized Person

Form No. 631
Revised 09/07

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