RI SOS Filing Number: 201744877420 Date: 6/5/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

| Felialty. Additional \$20.00 lee in | om is not med b | y buly co. | | | | |
|--|---|----------------------|-------------------------------------|-----------------------|-----------------------------|--|
| 1. Entity ID Number | 2. Exact name of the Corporation | | | | | |
| 000134604 | Rhode Island farmers Market Association | | | | | |
| 3. State of Incorporation | 5. Brief description of the character of business conducted in Rhode Island | | | | | |
| Rhode Island | Trade Organization for the proliferation and promotion of Farmers Markets operating | | | | | |
| 4. NAICS Code | throughout the State of RI | | | | | |
| 624210 - Community Food S | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| 235 Promenade Street | | | Providence | RI | 02908 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | | |
| President Name Pat Gardner | | | Vice-President Name Jeffrey McGuire | | | |
| Street Address 1283 South Road | | | Street Address 72 Andre Ave | | | |
| City Wakefield | State RI | ^{Zip} 02879 | City Wakefield | State RI | ^{Zip} 02879 | |
| Secretary Name | | | Treasurer Name Peter Susi | | | |
| Street Address | | | Street Address 235 Promenade Street | | | |
| City | State | Zip | City Providence | State RI | ^{Zip} 02908 | |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment | | | | | | |
| Director Name Bevan Linskey | | | Director Name Lisa Lewis | | | |
| Street Address P.O. Box 12 | | | Street Address P.O. Box 1481 | | | |
| ^{City} Saunderstown | State RI | ^{Zip} 02874 | City Newport | State RI | ^{Zip} 02908 | |
| Director Name Tim Kocab | | | Director Name Steve Stycos | | | |
| Street Address 11 Indian Corner Road | | | Street Address 37 Ferncrest Ave | | | |
| City Saunderstown | State RI | ^{Zip} 02874 | City Cranston | State RI | ^{Zip} 02906 | |
| 9. 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 Repres Peter Susi Treasurer | entative | <i></i> | -Q | Date 6-1-17 | | |
| Signature of Officer/Authorized Representative | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 5 2017

FORM 631 - Revised: 05/2017