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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual	Report fo	or the year:
Non-Pr	ofit Corp	oration

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

Penalty: Additional \$25.00 fee if form is not filed by July 30.							
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 t	he State of RI					
624210 - Community Food S							
6. Principal Office Address			City	State	Zip		
235 Promenade Street	Promenade Street			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	<sup>Zip</sup> 02879	City Wakefield	State RI	<sup>Zip</sup> 02879		
Secretary Name		Treasurer Name Peter Susi					
Street Address			Street Address 235 Promenade Street				
City	State	Zip	City Providence	State RI	<sup>Zip</sup> <b>02908</b>		
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				
<sup>City</sup> Saunderstown	State RI	<sup>Zip</sup> 02874	City Newport	State RI	<sup>Zip</sup> 02908		
Director Name Tim Kocab			Director Name Steve Stycos				
Street Address 11 Indian Corner Road			Street Address 37 Ferncrest Ave				
City Saunderstown	State RI	<sup>Zip</sup> 02874	City Cranston	State RI	<sup>Zip</sup> <b>02906</b>		
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 Representative Peter Susi Treasurer			$\mathcal{A}$	Date <b>6-1-17</b>			
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

FILED

JUN 0 5 2017

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FORM 631 - Revised: 05/2017