RI SOS Filing Number: 201745343960 Date: 6/12/2017 4:00:00 PM

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te of Rhode Island and Providence Plantations

## partment of State - Business Services Division

n-Profit Corporation

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- -> 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						
000131979	BRIGGS FARM IMPORVEMENT ASSOCIATION, INC.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	TO PROTECT AND PROMOTE THE BEST INTERESTS OF THE RESIDENTS OF BRIGGS						
4. NAICS Code 8	FARM ESTATES.						
81 <b>3910</b> - <del>Business Asso</del> c	1						
6. Principal Office Address			City	State	Zip		
30 HOLLYWOOD AVENUE			NARRAGANSETT	RI	02882-4426		
7. List ALL officers (names and ad	dresses)			he box to indicate a	an attachment		
President Name WILLIAM LAWLER			Vice-President Name PAULETTE PELLETIER				
Street Address 66 PALM BEACH AVENUE			Street Address 85 HOLLYWOOD AVENUE				
City NARRAGANSETT	State RI	<sup>Zip</sup> 02882	City NARRAGANSETT	State RI	<sup>Zip</sup> 02882		
Secretary Name JEAN NARDONE			Treasurer Name JOSEPH F. CLARK				
reet Address 31 HOLLYWOOD AVENUE		Street Address 30 HOLLYWOOD AVENUE					
City NARRAGANSETT	State RI	<sup>Zip</sup> 02882	City NARRAGANSETT	State RI	<sup>Zip</sup> <b>02882</b>		
8. List ALL directors (names and ac	ddresses). RI Corp	oorations MUST li		eck the box to indicat	te an attachment		
Director Name RAYMOND MORROCCO			Director Name JOSEPH WINTHROP				
Street Address 130 DAYTONA A	VENUE	***********	Street Address 70 HOLLYWOOD AVENUE				
City NARRAGANETT	State RI	<sup>Zip</sup> 02882	City NARRAGANSETT	State RI	<sup>Zip</sup> 02882		
Director Name JEFF MAUL			Director Name JAMES RYAN				
Street Address 94 DAYTONA AVENUE			Street Address 21 DAYTONA AVENUE				
City NARRAGANSETT	State RI	Zip <b>02882</b>	City NARRAGANSETT	State RI	<sup>Zip</sup> 02882		
9. Registered Agent in Rhode Islan	d. This information is	s currently of record	in the Department of State. Changes re	quire filing Form 641.			
Under penalty of perjury, I declar statements, and that all statemen			this report, including any accom correct.	panying schedule	s and		
This report must be signed by either the Pres	ident, Vice President, S	Secretary, Assistant Sec	cretary, Treasurer, duly Authorized Represents	ative, Receiver or Truste	ө.		
Name of Officer/Authorized Representative  JOSEPH F. CLARK 30 HOLLYWOOD AVENUE, NARRAGANSETT, RI 02882-4426  20 MAY 17							
Signature of Officer/Authorized Representative  Signature of Officer/Authorized Representative							

MAIL TO:

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 1 2 2017