



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- 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 32044		2. Exact name of the Corporation Rhode Island Agricultural Council			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote Agriculture in Rhode Island			
4. NAICS Code 81					
6. Principal Office Address 26 Taber Street		City West Kingston	State RI	Zip 02892-1425	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kristen Castrataro		Vice-President Name Heidi Quinn			
Street Address 240 Richmond Townhouse Road		Street Address 216C Richmond Townhouse Road			
City Carolina	State RI	Zip 02812	City Carolina	State RI	Zip 02812
Secretary Name Stephen Logan		Treasurer Name Stephen Logan			
Street Address 26 Taber Street		Street Address 26 Taber Street			
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Al Bettencourt		Director Name William Stamp III			
Street Address 960 South Main		Street Address 219 Comstock Parkway			
City Pascoag	State RI	Zip 02859	City Cranston	State RI	Zip 02921
Director Name Mark Howard		Director Name Jon Jaffe			
Street Address 63 Howards Lane		Street Address 209 Mowry Road			
City North Scituate	State RI	Zip 02857	City Smithfield	State RI	Zip 02817
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Stephen Logan				Date 6/13/2017	
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 15 2017
 BY 1250101