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	2. Exact name of the Corporation
00029696	**Coggeshall Farm Museum, Inc.**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **A 48 acre living history farm museum**
4. NAICS Code: 712110	

6. Principal Office Address	City	State	Zip
1 Colt Drive	**Bristol**	**RI**	**02809**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Steve Lake**			Vice-President Name: **Lee Ann Freitas**		
Street Address: **25 Bourne St.**			Street Address: **1362 Hope Street**		
City: **Bristol**	State: **RI**	Zip: **02809**	City: **Bristol**	State: **RI**	Zip: **02809**
Secretary Name: **Wendy Mackie**			Treasurer Name: **Cynthia Elder**		
Street Address: **PO Box 145**			Street Address: **1 Rio Road**		
City: **Cummaquid**	State: **MA**	Zip: **02637**	City: **Barrington**	State: **RI**	Zip: **02806**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: **Andy Tyska**			Director Name: **Coy Bethune**		
Street Address: **26 Patricia Ann Drive**			Street Address: **12 Second Street**		
City: **Bristol**	State: **RI**	Zip: **02809**	City: **Bristol**	State: **RI**	Zip: **02809**
Director Name: **James Yess**			Director Name:		
Street Address: **66 Poppasquash Rd**			Street Address:		
City: **Bristol**	State: **RI**	Zip: **02809**	City:	State:	Zip:

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	Date
Eleanor Langham, Executive Director	9/6/17

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

FILED
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BY 3353 DS

MAIL TO:
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