



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 134604		2. Name of Corporation Rhode Island Farmers Market Association	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 235. Promenade St. RM. 370	
		City PROV.	Zip 02908
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TRADE ORGANIZATION FOR THE PROLIFERATION AND PROMOTION OF FARMERS MARKETS OPERATING THROUGHOUT THE STATE			
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Allan Hill		Vice President Name Lucille Dickerson	
Street Address 86 Winsor Ave.		Street Address 3029 South County Trail	
City Johnston	State RI	City West Kingston	State RI
Secretary Name Stephen H. Volpe		Treasurer Name Same as Secretary	
Street Address 235. Promenade St. RM. 370		Street Address	
City PROV.	State RI	City	State Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23	
Director Name Linda Kushner		Director Name Lisa Lewis	
Street Address 560 Lloyd Ave.		Street Address P.O. Box 1481	
City PROV.	State RI	City Newport	State RI
Director Name Drew Chase		Director Name Peyton Fleming	
Street Address 109 Somerset Ave.		Street Address 143 Ivy St.	
City PROV.	State RI	City PROV.	State RI
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name STEPHEN M. VOLPE		Address	
Address 235 PROMENADE STREET, ROOM 370		City PROVIDENCE	Zip 02908

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



134604

File Date 6-10-05  
Check No. 127  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 6.8.05  
Signature of Officer Date  
Stephen M. Volpe  
Print or Type Name of Officer  
Secretary / Treasurer  
Title of Officer



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 134604		2. Name of Corporation Rhode Island Farmers Market Association			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 235 Promenade Street		City Providence	Zip 02908
5. Foreign corporation: Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TRADE ORGANIZATION FOR THE PROLIFERATION AND PROMOTION OF FARMERS MARKETS OPERATING THROUGHOUT THE STATE					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Allan Hill		Vice President Name Lucille Dickenson			
Street Address 86 Winsor Avenue		Street Address 3029 South County Trail			
City Johnston	State RI	Zip 02919	City West Kingston	State RI	Zip 02892
Secretary Name Stephen M. Volpe		Treasurer Name Same as Secretary			
Street Address 235 Promenade Street		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b> THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3), R.I.G.L. 7-6-23					
Director Name Linda Kushner		Director Name Lisa Lewis			
Street Address 560 LLOYD Avenue		Street Address P.O. Box 1481			
City Providence	State RI	Zip 02906	City Newport	State RI	Zip 02840
Director Name Devan Chase		Director Name Peyton Fleming			
Street Address 109 Somerset Avenue		Street Address 143 Ivy Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02906
<b>9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 -R.I.G.L. 7-6-13/7-6-78</b>					
Agent Name Stephen M. Volpe		Address			
Address 235 Promenade Street, RM 370		City Providence	Zip 02908		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 3 4 6 0 4

\*134604 DNP 06/09/04 01:37:56 PM\*

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_ JUN 14 2004

FOR SECRETARY OF STATE USE ONLY

**FILED**

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.

Signature of Officer: [Signature] Date: 6.8.04

Print or Type Name of Officer: Stephen M. Volpe

Title of Officer: Secretary/Treasurer

C 34276