



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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number: 788402		2. Exact name of the Corporation Raising the Barr Family Farm, Inc.			
3. Principal Office Address 24 George Street			City Warwick	State RI	Zip 02888
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island To engage in lawful business			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Barr			Vice-President Name None		
Street Address 24 George Street			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name David Barr			Treasurer Name David Barr		
Street Address 24 George Street			Street Address 24 George Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			50	Common	No par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative David Barr					Date 3/15/18
Signature of Authorized Representative FORM 630 - Revised: 10/2017					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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