RI SOS Filing Number: 201861843700 Date: 4/9/2018 4:00:00 PM



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 t	form is not filed by	July 30.			
1. Entity ID Number	2. Exact name of the Corporation  Rhode Island Farmers Market Collaborative				
001669044	Rnode Is	siand Farn	ners Market Collab	orative	
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	To increase awareness of RI farmers markets, educate about their importance, and improve communications and access to resources for market managers.				
4. NAICS Code	communication	is and access to i	esources for market menegers.		
624210 - Community Food S ▼	:				
6. Principal Office Address	<u> </u>	<u>-</u>	City	State	Zip
11C Bridge Street			Newport	RI	02840
7. List ALL officers (names and add	lresses)		<del></del>	ck the box to indicat	e an attachment
President Name Deja Hart			Vice-President Name Joyce May		
Street Address 66 Stonegate			Street Addross 123 Betsey Williams Drive		
City North Kingstown	State RI	<sup>Zip</sup> 02852	City Cranston	State RI	<sup>Zip</sup> 02905
Secretary Name Thea Upham			Treasurer Name Bevan Linsley		
Street Address 47 Willow Street			Street Address 487 Carpenter Lane		
City Providence	State RI	<sup>Zip</sup> 02909	City Saunderstown	State RI	<sup>Zip</sup> 02874
8. List ALL directors (names and ac	idresses). RI Con	porations MUST lis	t at least THREE directors.	ck the box to indicat	e an attachment
Director Name JEJA MARIT			Director Name JMW IMM		
Street Address 66 STUNE GATE			Street Address & BITSY WILLIAMS DRINT		
CITY NORM KINUSTIME	State R	Zip 02852	City CRATN STOW	State L1	Zip 02905
Director Name TNKA UPNAM			Director Name BWAN UNSW		
Street Address 47 WiLLW STRAT			Street Address 487 UMUNNTY2_LANK		
city Providence	State RI	Zip 07909	CINSAUNDIALSTOWN	State A	zip 02874
9. Registered Agent in Rhode Islan	d. This information	is 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 schedul	es and
This report must be signed by either the Pres	sident, Vice-President,	Secretary, Assistant Sec	cretary, Treasurer, duly Authorized Represente		<del>0</del>
Name of Officer/Authorized Representative  Bevan Linsley				November 6, 2017	
Signature of Officer/Authorized Rep	presentati	sign facu	MENT HERE FILED	April	0,2018
MAIL TO:	V	U	APR 0 9 2018	W.	· · · · · · · · · · · · · · · · · · ·

**Division of Business Services** 

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FORM 631 - Revised: 10/2017

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