



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

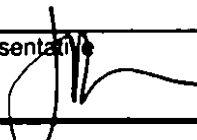
Annual Report for the year: **2017**

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 001669044		2. Exact name of the Corporation Rhode Island Farmers Market Collaborative			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To increase awareness of RI farmers markets, educate about their importance, and improve communications and access to resources for market managers.			
4. NAICS Code 624210 - Community Food S					
6. Principal Office Address 11C Bridge Street		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Deja Hart			Vice-President Name Joyce May		
Street Address 66 Stonegate			Street Address 123 Betsey Williams Drive		
City North Kingstown	State RI	Zip 02852	City Cranston	State RI	Zip 02905
Secretary Name Thea Upham			Treasurer Name Bevan Linsley		
Street Address 47 Willow Street			Street Address 487 Carpenter Lane		
City Providence	State RI	Zip 02909	City Saunderstown	State RI	Zip 02874
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 DEJA HART			Director Name JOYCE MAY		
Street Address 66 STONEGATE			Street Address 123 BETSEY WILLIAMS DRIVE		
City NORTH KINGSTOWN	State RI	Zip 02852	City CRANSTON	State RI	Zip 02905
Director Name THEA UPHAM			Director Name BEVAN LINSLEY		
Street Address 47 WILLOW STREET			Street Address 487 CARPENTER LANE		
City PROVIDENCE	State RI	Zip 02909	City SAUNDERS TOWN	State RI	Zip 02874
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 Bevan Linsley				Date November 6, 2017	
Signature of Officer/Authorized Representative 				FILED APR 09 2018 BY 107	