



Department of State - Business Services Division

Annual Report for the year:
 Non-Profit Corporation

2018

FILED

MAY 10 2018

BY 101 [Signature]

- 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 001674709		2. Exact name of the Corporation Rhode Island Association of FSA County Employees			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>Strive to maintain + improve the confidence, esteem + respect of the public for the Farm Service Agency (FSA) County Office employees and for the FSA County Committee.</i>			
4. NAICS Code 813920					
6. Principal Office Address 60 Quaker Lane Suite 49			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sheryl Michener			Vice-President Name Nancy Becker		
Street Address 12 Cross St			Street Address 48 ETTA ST		
City Rehoboth	State Ma	Zip 02769	City Warwick	State RI	Zip 02889
Secretary Name Kim Vealey			Treasurer Name Anne Belleville		
Street Address 1 Charlestown Ave			Street Address 55 N Pleasant St		
City Warwick	State RI	Zip 02889	City West Warwick	State RI	Zip 02893
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 Sheryl Michener			Director Name Nancy Becker		
Street Address 12 Cross St			Street Address 48 ETTA ST		
City Rehoboth	State Ma	Zip 02769	City Warwick	State RI	Zip 02889
Director Name Kim Vealey			Director Name Anne Belleville		
Street Address 1 Charlestown Ave			Street Address 55 N. Pleasant St.		
City Warwick	State RI	Zip 02889	City West Warwick	State RI	Zip 02893
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 [Signature] Sheryl Michener				Date 5/7/18	
Signature of Officer/Authorized Representative [Signature]					