



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

Annual Report for the year: 2018
 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 000113971		2 Exact name of the Corporation Borders Farm Preservation, Inc.					
3 State of Incorporation RI		5 Brief description of the character of business conducted in Rhode Island Fund raising and financial operation of Borders Farm, Incorporated.					
4 NAICS Code 813312 - Environment, C							
6 Principal Office Address 31 North Road				City Foster	State RI	Zip 02825	
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Jed Dixon				Vice-President Name John Bradley			
Street Address 26 North Road				Street Address 1532 Ten Rod Road			
City Foster	State RI	Zip 02825	City Exeter	State RI	Zip 02822		
Secretary Name Helen Hardy				Treasurer Name Marion Dale			
Street Address 26 North Road				Street Address 36 Wilbur Road			
City Foster	State RI	Zip 02825	City Lincoln	State RI	Zip 02865		
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 George Connors				Director Name Charles Thomas Goucher			
Street Address 33 T. Parker Road				Street Address 89 Winsor Road			
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825		
Director Name Lucinda Mellor Neale				Director Name Linda Tibbetts			
Street Address 58 E. Killingly Road				Street Address 16 Mill Road			
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825		
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 Helen T Hardy, Secretary, BFPI						Date May 30, 2018	
Signature of Officer/Authorized Representative <i>Helen T. Hardy</i>							

FILED

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

JUN 05 2018
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