



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 001669915		2. Exact name of the Corporation Borders Farm Incorporated	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Operation and preservation of Borders Farm and activities to carry out farming and farm operations, and farm - related education and community outreach.	
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	City Exeter	State RI
Zip 02825		Zip 02822	
Secretary Name Helen Hardy		Treasurer Name Marion Dale	
Street Address 26 North Road		Street Address 36 Wilbur Road	
City Foster	State RI	City Lincoln	State RI
Zip 02825		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	City Foster	State RI
Zip 02825		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	City Foster	State RI
Zip 02825		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, Borders Farm, Inc.			Date May 30, 2018
Signature of Officer/Authorized Representative <i>Helen T. Hardy</i>			

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

FILED

JUN 05 2018

BY 1718 DS

FORM 631 - Revised: 11/2017