



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 <b>000030068</b>		2. Exact name of the Corporation <b>The Rhode Island FFA Foundation, Inc.</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>SUPPORT secondary programs in Agricultural Education</b>	
4. NAICS Code <b>611110</b>			
6. Principal Office Address <b>UNIV. of RI Woodward Hall</b>		City <b>Kingston</b>	State <b>RI</b>
		Zip <b>02881</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Gwynne Miller</b>		Vice-President Name <b>Loren Andrews</b>	
Street Address <b>32 Hillsdale Rd</b>		Street Address <b>Ponaganset H.S.</b>	
City <b>W. Kingston</b>	State <b>RI</b>	City <b>N. Scituate</b>	State <b>RI</b>
Zip <b>02892</b>		Zip <b>02852</b>	
Secretary Name <b>Anthony Maillo</b>		Treasurer Name <b>James Owen</b>	
Street Address <b>114 Woodward Hall</b>		Street Address <b>PO David Dr</b>	
City <b>Kingston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02881</b>		Zip <b>02919</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Gayle Ashworth</b>		Director Name <b>Allison Toles</b>	
Street Address <b>PO Box 293</b>		Street Address <b>75 Borden Ave</b>	
City <b>Hope Valley</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02832</b>		Zip <b>02919</b>	
Director Name <b>Dana Miller</b>		Director Name	
Street Address <b>32 Hillsdale Rd</b>		Street Address	
City <b>W. Kingston</b>	State <b>RI</b>	City	State
Zip <b>02892</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Anthony Maillo, Secretary</b>			Date <b>5/21/18</b>
Signature of Officer/Authorized Representative 			

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

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