STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.
Filing Fee: $20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation
ID# 80699	R.I. FFA Alumni Association
3. State of Incorporation: R.I. 81349	4. Brief description of the character of business conducted in Rhode Island: Non Profit org. to raise money to support FFA programs, members & FFA chapters in R.I.

5. Principal office address	City	State	Zip
234 Woody Hill Rd Exeter	Exeter	R.I.	02822

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Kyle Lussier	1 Edgewood Rd	Chepachet	R.I.	02814

Vice-President Name	Street Address	City	State	Zip
Jim Titus	160 Liberty Hill Rd	West Greenwich	R.I.	0817

Secretary Name	Street Address	City	State	Zip
Tammy Gathen	140 New London Turnpike	Wyoming	R.I.	02898

Treasurer Name	Street Address	City	State	Zip
David L. Lewis	234 Woody Hill Rd	Exeter	R.I.	02822

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Greg Broene	21E Victory Highway	West Greenwich	RI	02817

Director Name	Street Address	City	State	Zip
Stacie Peppers	70 Riverview Dr	Charlestown	R.I.	02813

Director Name	Street Address	City	State	Zip
Loren Andrews	245 Woody Hill Rd	Exeter	R.I	02822

Director Name	Street Address	City	State	Zip
Kristen Johnson	28 Sunset Dr	West Kingston	R.I.	02892

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 11 2018
BY 2736

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.

David L. Lewis 6/1/18
Signature of Officer or Authorized Representative Date

DS
DAVID L. LEWIS
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014