



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. ID# 80699		2. Exact name of the Corporation R.I. FFA Alumni Association			
3. State of Incorporation R.I. 81329		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 234 WOODY HILL RD EXETER		City EXETER		State R.I.	Zip 02822
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kyle Hussier			Vice-President Name Jim Titus		
Street Address 1 Edgewood RD			Street Address 160 Liberty Hill RD		
City Chepachet	State R.I.	Zip 02814	City West Greenwich	State R.I.	Zip 0817
Secretary Name Tammy Gatten			Treasurer Name David L. Lewis		
Street Address 140 New London Turnpike			Street Address 234 Woody Hill RD		
City Wyoming	State R.I.	Zip 02898	City EXETER	State R.I.	Zip 02822
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Greg Braene			Director Name Stacie Pepper		
Street Address 21 E Victory Highway			Street Address 70 Riverview Dr		
City West Greenwich	State R.I.	Zip 02817	City Charlestown	State R.I.	Zip 02818
Director Name Loren Andrews			Director Name Kristen Johnson		
Street Address 245 Woody Hill RD			Street Address 28 Sunset Dr		
City EXETER	State R.I.	Zip 02822	City WEST KINGSTON	State R.I.	Zip 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

2738

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

Signature of Officer or Authorized Representative

6/1/18

Date

DS

DAVID L. LEWIS

Print or Type Name of Officer or Authorized Representative