State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report	for	the	year:	
Non-Pro				-	

2018

-> 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	2. Exact name of t	the Corporation	}						
31047			FARMS ASSOCIATIO	ON					
3. State of Incorporation	5. Brief description	n of the characte	ter of business conducted in Rhode Is	stand					
RUGHE ISLAND	A neighbox	phaed hm	meauviers a ssociation	n for condu	uting				
4. NAICS Code	VARIONS NOI	N-Profit	- activities,	•	•				
813319									
6. Principal Office Address			City	State	Zip				
433 Jea Meadow			Pratomonth	RI	02871				
7. List ALL officers (names and add				eck the box to indica					
President Name Vacant Puritym (to be		1000)	Vice-President Name		10 an attacament				
Street Address	ekerea raji	10181	Street Address	1					
NIA		_	Street Address 460 San Med	adou Pair	e				
City MA	State NA	Zip MA	Chy Postmarth	State	Zip 0287/				
Secretary Name To Ellen Hu	nvt		Treasurer Name Peter Mi	INIOR					
130 Lambie	circle		Street Address 433 Jaa Me	es da Dail	1.0				
city Partsmanth		Zip 0287/	Port-month	State RI	Zip (7287)				
8. List ALL directors (names and ad			st at least THREE directors.						
			Chec	eck the box to indicar	te an attachment				
Director Name Beorge Easter	4		Director Name To Ellen Hun	υ†					
460 Sea Maad	low pire		Street Address 130 Lamble	Ciacle					
Poatsmouth	State p.t Zi	Zip 02871	City Portsmouth	State RI	Zip 02871				
Director Name Peter Minio			Director Name Nove		1 UFUIJ				
Street Address 433 Jan Men.			Street Address NOW						
PORTS MONTH	State RI Zi	O2871	City NONC	State NONC	Zip NONE				
9. Registered Agent in Rhode Island	d. This information is cu	currently of record in	in the Department of State. Changes requ	uire filing Form 641					
Under penalty of perjury, I declare statements, and that all statement	'9 and affirm that I h	have exemined	This mont implefing any second	panying schedui	es and				
	in contenies neteri	u ere ove end c	COTTECT. Cretery, Treasurer, duly Authorized Representativ						
Name of Officer/Authorized Represe	entative			live, Receiver or Truste Date	<u> </u>				
	Peter	P. Min		THNE	13,2018				
Signature of Officer/Authorized Repre	esentative Rita	Ev P. G	Minior, Tara	kea _					

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 1 5 2018