



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:

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.

2018 SEP -4 PM 12: 27

1. Entity ID Number 1674610		2. Exact name of the Corporation My Local Farm Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Hydroponic Farm	
4. NAICS Code 424480			
6. Principal Office Address 47 Waller St.		City PROV	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mark Biller		Vice-President Name	
Street Address 47 Waller St.		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
Secretary Name Lora Calise		Treasurer Name	
Street Address 47 Waller St.		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
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 Mark Biller		Director Name Peter Travison	
Street Address 47 Waller St.		Street Address 47 Waller	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Director Name Lora Calise		Director Name	
Street Address 47 Waller St.		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Mark Biller		Date 9/4/2018	
Signature of Officer/Authorized Representative Mark Biller			

FILED

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

SEP 04 2018 12:27
BY AD-8VPXA FORM 631 - Revised: 11/2017