



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 51596		2. Exact name of the Corporation WASHINGTON COUNTY TURF FARMS, INC.			
3. Principal Office Address 3738 South County Trail			City West Kingston	State RI	Zip 02892
4. NAICS Code 111998 11-Agriculture, Forestry		6. Brief description of the character of business conducted in Rhode Island sod grower			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Darrell Bouchard			Vice-President Name Darrell Bouchard II		
Street Address 3738 South County Trail			Street Address 3738 South County Trail		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Darrell Bouchard			Treasurer Name Barbara Bouchard		
Street Address 3738 South County Trail			Street Address 3738 South County Trail		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Darrell Bouchard			Director Name Barbara Bouchard		
Street Address 3738 South County Trail			Street Address 3738 South County Trail		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SES		
			PAR VALUE		
			500	Common	No Par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Darrell H Bouchard					Date 1/29/2019
Signature of Authorized Representative <i>Darrell H Bouchard</i>					SIGN DOCUMENT HERE

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

FEB 01 2019

BY **5674 OS** FORM 630 - Revised: 10/2017