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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 2019

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. 80699		2. Exact name of the Corporation R.I. FFA Alumni Association			
3. State of Incorporation R.I. (013219)		4. Brief description of the character of business conducted in Rhode Island Non Profit organization to raise money to support FFA Program, members AND FFA Chapters in R.I			
5. Principal office address 234 Woody Hill Rd			City EXETER	State R.I.	Zip 02822
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kyle Lussier			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 02817
Secretary Name TAMMY GATHEN			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 Breeme			Director Name Stain Pepperd		
Street Address 215 Victory Highway			Street Address 70 River view		
City WEST GREENWICH	State R.I.	Zip 02817	City Charlestown	State R.I.	Zip 02813
Director Name Loren Andrews			Director Name		
Street Address 245 Woody Hill Rd			Street Address		
City EXETER	State R.I.	Zip 02822	City	State	Zip
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

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 6/5/19
 Signature of Officer or Authorized Representative Date

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