



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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SECRETARY OF STATE
CORPORATIONS DIVISION

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1. Entity ID Number 001662822		2. Exact name of the Corporation Rhode Island Growers Coalition	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island fundraising and lobbying for patient medical rights and caregiver rights.	
4. NAICS Code 813940			
6. Principal Office Address 286 Collins Road		City Ashaway	State RI
		Zip 02804	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name William Cotton		Vice-President Name	
Street Address 286 Collins Road		Street Address	
City Ashaway	State RI	City	State
Zip 02804		Zip	
Secretary Name Amanda Simmons		Treasurer Name	
Street Address 11 Hill Top Drive		Street Address	
City East Greenwich	State RI	City	State
Zip 02818		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 William Cotton		Director Name Amanda Simmons	
Street Address 286 Collins Road		Street Address 11 Hill Top Drive	
City Ashaway	State RI	City East Greenwich	State RI
Zip 02804		Zip 02818	
Director Name Jonathan Cotton		Director Name	
Street Address 468 Central Ave		Street Address	
City Johnston	State RI	City	State
Zip 02919		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 William Cotton		Date 6/27/2019	
Signature of Officer/Authorized Representative <i>[Signature]</i>		SIGN DOCUMENT HERE <i>[Signature]</i>	

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

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By ACE04F

FORM 631 - Revised: 03/2019



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

June 27, 2019 01:33 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

