



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

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 SECRETARY OF STATE
 CORPORATIONS DIVISION STAMP

Annual Report for the year:
 Non-Profit Corporation

2018 Amended

2019 JUN 27 PM 1:33

- 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 0011662822		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	Zip 02804	City	State	Zip
Secretary Name Amanda Simmons			Treasurer Name		
Street Address 11 Hill Top Drive			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	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	Zip 02804	City East Greenwich	State RI	Zip 02818
Director Name Jonathan Cotton			Director Name		
Street Address 468 Central Ave			Street Address		
City Johnston	State RI	Zip 02919	City	State	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.					
<i>This report must be signed by either the President Vice-President Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative William Cotton					Date 06/27/2019
Signature of Officer/Authorized Representative <i>[Signature]</i>					

Assistant

SIGN DOCUMENT HERE

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By ACE04F

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov