



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.

FILED

JUN 28 2019

BY

1770 DS

1. Entity ID Number 000029572		2. Exact name of the Corporation Southern RI 4H Leaders	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island non profit organization that organizes the SRI 4H fair. For the 4H youth in RI	
4. NAICS Code 624110			
6. Principal Office Address 10 Summit Road		City Hope Valley	State RI
		Zip 02832	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sandra Myers		Vice-President Name Melissa Jordan	
Street Address 10 Summit Road		Street Address 199 Summit Road	
City Hope Valley	State RI	City Sterling	State CT
Zip 02832		Zip 06377	
Secretary Name Sarah Deliberis		Treasurer Name Carol Rathbun	
Street Address 1989 New London Turnpike		Street Address 239 Plain Road	
City Coventry	State RI	City W. Greenwich	State RI
Zip 02816		Zip 02817	
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 Ronald Pierce		Director Name Abbie Whitford	
Street Address 60 Shore Drive		Street Address 850 Ten Rod Road	
City N. Kingstown	State RI	City Exeter	State RI
Zip 02852		Zip 02822	
Director Name Sarah McCormick		Director Name	
Street Address 1989 New London Turnpike		Street Address	
City Coventry	State RI	City	State
Zip 02816		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 Sandra Myers		Date 6/24/19	
Signature of Officer/Authorized Representative Sandra Myers		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov