RI SOS Filing Number: 202044914840 Date: 7/16/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2020

JUL 16 2020

→ 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 486527	2. Exact name of the Corporation Burrillville Farmers' Market Association, Inc.					
3 State of Incorporation	5 Brief description of the character of business conducted in Rhode Island					
Rhode Island	To improve the promotion and marketing of local farm and garden products					
4. NAICS Code	1	·	-			
813990 - Other Similar Orga						
6. Principal Office Address			City	State	Zip	
P. O. Box 215			Pascoag	RI	02859	
7. List ALL officers (names and add	dresses)			Check the box to indic	cate an attachment	
President Name David Nodal			Vice-President Name Tammy D'Amato			
Street Address 87 Reservoir Road			·	Street Address 844 Sherman Farm Road		
City Chepachet	State RI	^{Zip} 02814	City Harrisville	State RI	Zip 02830	
Secretary Name Alfred Bettencourt			Treasurer Name Deborah Yablonski			
Street Address 960 South Main Street			Street Address 63 Moroney Road			
City Pascoag	State RI	^{Zıp} 02859	City Pascoag	State RI	^{Zip} 02859	
8. List ALL directors (names and ac	ddresses). RI Cor	porations MUST I	list at least THREE directors.	Check the box to indic	ate an attachment	
Director Name Sheila Bibeault			Director Name Donald W	Director Name Donald Waterman		
Street Address 254 Warner Lane			Street Address West Road			
City Pascoag	State RI	Zip 02859	^{City} Harrisville	State RI	Zip 02830	
Director Name Kenneth Mulligan			Director Name Paul Rosselli			
Street Address 177 Knibb Road			Street Address Maureen Circle			
City Pascoag	State RI	Zip 02859	City Mapleville	State RI	Zip 02839	
9. Registered Agent in Rhode Islan	nd. This information	is currently of recor	d in the Department of State, Chi	anges require filing Form 64	- 1. 41.	
Under penalty of perjury, I declar statements, and that all statemen	re and affirm tha nts contained he	t i have examine erein are true and	d this report, including any d correct.	accompanying schedu	ules and	
This report must be signed by either the Pres		Secretary, Assistant S	ecretary, Treasurer, duly Authorized R	Representative, Receiver or Trus	stee	
Name of Officer/Authorized Representative Date						
Deborah Yablonski, Treasure				1/0.3	60 · 2020	
Signature of Officer/Authorized Rep	resentative	SIGN ! VIC	ONE OF HERE		V	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.m.gov