



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

Annual Report for the year: **2020**

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
STAMP

JUL 16 2020

BY Hof AS

1. Entity ID Number 486527		2. Exact name of the Corporation Burrillville Farmers' Market Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To improve the promotion and marketing of local farm and garden products			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address P. O. Box 215		City Pascoag	State RI	Zip 02859	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02859	City Pascoag	State RI	Zip 02859
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 Sheila Bibeault		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 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 Deborah Yablonski, Treasurer				Date 6.30.2020	
Signature of Officer/Authorized Representative <i>Deborah Yablonski</i>				SIGN DOCUMENT HERE <input checked="" type="checkbox"/>	

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