



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000575395

**2. Name of Corporation** Revive the Roots

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813312

**4. Corporate Address in Rhode Island**

No. and Street: 10 OLD FORGE ROAD

City or Town: SMITHFIELD

State: RI

Zip: 02917

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ENGAGE IN HISTORICAL RESTORATION AND REVIVE THE SUSTAINABLE LOCAL AGRICULTURE MOVEMENT

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT    | BRADFORD OZA ALLARD                                   | 10 OLD FORGE ROAD<br>SMITHFIELD, RI 02917 USA                     |
| DIRECTOR     | RUSSEL STAFFORD                                       | 43 NISBET STREET #3<br>PROVIDENCE, RI 02906 USA                   |
| DIRECTOR     | SHANNON CASEY                                         | 116 GREENWOOD ST. APT. 2<br>CRANSTON, RI 02910 USA                |
| DIRECTOR     | NICHOLAS XAVIER DOYLE                                 | 10 OLD FORGE ROAD<br>SMITHFIELD, RI 02917 USA                     |
| DIRECTOR     | KRYSTAL KRACZKOWSKI                                   | 10 OLD FORGE ROAD<br>SMITHFIELD, RI 02917 USA                     |
| DIRECTOR     | HANNAH PURCELL MARTIN                                 | 10 OLD FORGE ROAD<br>SMITHFIELD, RI 02917 USA                     |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

GREGORY S. SANKEY, JR. 10 OLD FORGE ROAD SMITHFIELD , RI 02917

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 6 Day of August, 2020 at 9:20:29 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By BRADFORD O ALLARD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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