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State of Rhode Island
Department of State - Business Services Division

FILED
JAN 27 2021
BY

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
0000 51596	WASHington County Turf Farms Inc.			
3. Principal Office Address		City	State	Zip
3738 South County Trail		West Kingston	RI	02892
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
111955	Turf Farms			
5. State of Incorporation				
R.I.				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Darrell H. Bouchard	Barbara I. Bouchard
Street Address	Street Address
3730 South County Trail	Same
City / State / Zip	City / State / Zip
West Kingston / RI / 02892	
Secretary Name	Treasurer Name
Darrell H. Bouchard	Barbara I Bouchard
Street Address	Street Address
Same As Above	same As Above
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized 100	10. Shares Issued 100 — Check the box to indicate an attachment ☐		
This Information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	500	Common	N/P

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Darrell H. Bouchard	1-20-21
Signature of Authorized Representative	
Darrell H Bouchard	

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

FORM 630 - Revised: 08/2020