State of Rhode Island
Department of State - Business Services Division

R.I. DEPT OF STATE
BUS SVCS DIV
2021 MAR 25 AM 11:34

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		
000534271	Coastal Growers Farmer's Market INC.		
3. Principal Office Address	City	State	Zip
116 Orange Street	Providence	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
445230	Operate farmer's market		
5. State of Incorporation			
Rhode Island			

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

President Name: Sandra Barden			Vice-President Name: Meggean Ward		
Street Address: 56 Elmdale Road			Street Address: c/o Beautiful Day, 10 Davol Square		
City: North Scituate	State: RI	Zip: 02857	City: Providence	State: RI	Zip: 02903
Secretary Name: Deja Hart			Treasurer Name: Ben Aavlik		
Street Address: 166 Stone Gate Drive			Street Address: 333 Blue Ridge Road		
City: North Kingstown	State: RI	Zip: 02852	City: Warwick	State: RI	Zip: 02886

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

Director Name: Sandra Barden			Director Name: Meggean Ward		
Street Address: 56 Elmdale Road			Street Address: c/o Beautiful Day, 10 Davol Square		
City: North Scituate	State: RI	Zip: 02857	City: Providence	State: RI	Zip: 02903
Director Name: Deja Hart			Director Name: Ben Aavlik		
Street Address: 166 Stone Gate Drive			Street Address: 333 Blue Ridge Road		
City: North Kingstown	State: RI	Zip: 02852	City: Warwick	State: RI	Zip: 02886

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	400	Common	No Par

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
Sandra Barden	3/10/21

Signature of Authorized Representative: Sandra L Barden

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

FILED
MAR 25 2021
BY 1570

FORM 630 - Revised: 08/2020