State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAY 26 PM 4:05

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.

1. Entity ID Number	2. Exact name of the Corporation
000134604	Rhode Island Farmers Market Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TRADE ORGANIZATION FOR THE PROLIFERATION AND PROMOTION OF FARMERS MARKETS OPERATING THROUGHOUT THE STATE
4. NAICS Code: 813910 - Business Associations	

6. Principal Office Address	City	State	Zip
235 PROMENADE ST	PROVIDENCE	RI	02908

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

President Name: PAT GARDINER			Vice-President Name: JEFFREY MCGUIRE		
Street Address: 1283 SOUTH RD			Street Address: 72 ANDRE AVE		
City: WAKEFIELD	State: RI	Zip: 02879	City: SOUTH KINGSTOWN	State: RI	Zip: 02879
Secretary Name: NONE			Treasurer Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: STEVE STYCOS			Director Name: BEVAN LINSLEY		
Street Address: 37 FERNCREST AVE			Street Address: 16 WARNER ST		
City: CRANSTON	State: RI	Zip: 02905	City: NEWPORT	State: RI	Zip: 02840
Director Name: LISA LEWIS			Director Name: TIM KOCAB		
Street Address: 25 BRIDGE ST			Street Address: 11 INDIAN CORNER RD		
City: NEWPORT	State: RI	Zip: 02840	City: SAUNDERSTOWN	State: RI	Zip: 02874

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

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

Name of Officer/Authorized Representative	Date
JEFFREY MCGUIRE	4/10/2021

Signature of Officer/Authorized Representative: Jeffrey McGuire

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
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MAY 26 2021
BY 9M53FGQ

FORM 631 - Revised: 08/2020