



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
 Non-Profit Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAY 26 PM 4:05

- 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 000134604		2. Exact name of the Corporation 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 235 PROMENADE ST			City PROVIDENCE	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<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 JEFFREY MCGUIRE				Date 4/10/2021	
Signature of Officer/Authorized Representative <i>Jeffrey McGuire</i>					

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

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