



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

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.

JUL 07 2021 AMP
 BY *[Signature]*
 FOR SECRETARY OF STATE

1. Entity ID Number 486527		2. Exact name of the Corporation Burrillville Farmers' Market Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To improve the promotion and marketing of local farm and garden products			
4. NAICS Code 445230					
6. Principal Office Address P. O. Box 215			City Pascoag	State RI	Zip 02859
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Nodal			Vice-President Name Tammy D'amato		
Street Address 87 Reservoir Road			Street Address 844 Sherman Farm Road		
City Chepachet	State RI	Zip 02814	City Harrisville	State RI	Zip 02830
Secretary Name Alfred Bettencourt			Treasurer Name Deborah Yablonski		
Street Address 960 South Main Street			Street Address 63 Moroney Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
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 Sheila Bibeault			Director Name Donald Waterman		
Street Address 254 Warner Lane			Street Address West Road		
City Pascoag	State RI	Zip 02859	City Harrisville	State RI	Zip 02830
Director Name Kenneth Mulligan			Director Name Paul Rosselli		
Street Address 177 Knibb Road			Street Address Maureen Circle		
City Pascoag	State RI	Zip 02859	City Mapleville	State RI	Zip 02839
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <i>Deborah Yablonski</i>				Date 6-27-21 ✓	
Signature of Officer/Authorized Representative <i>Deborah Yablonski</i>				✓	

MAIL TO:
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 Website: www.sos.ri.gov