



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 000043135

**2. Name of Corporation** TOMAQUAG VALLEY FARM MILK TRANSPORT, INC.

**3. Street Address Principal Business Office:**

No. and Street: 45 TOMAQUAG RD

P.O. BOX 6

City or Town: BRADFORD

State: RI

Zip: 02808

Country: USA

**4. Business Phone No.**

4013774553

**5. State of Incorporation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

424430

**6. Brief Description of the Character of Business Conducted in Rhode Island**

HAULING MILK

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BARRY C JAMES	45 TOMAQUAG RD BRADFORD, RI 02808 USA
PRESIDENT	BARRY C JAMES	45 TOMAQUAG RD BRADFORD, RI 02808 UNI
TREASURER	SHARYN LYNN FOSTER	216 ASHAWAY RD BRADFORD, RI 02808 USA
TREASURER	SHARYN L. FOSTER	81 S TYLER ST BEVERLY HILLS, FL 34465 USA
TREASURER	SHARYN LYNN FOSTER	216 ASHAWAY RD BRADFORD, RI 02808 USA
2ND VICE PRESIDENT	BARRY JAMES JR	37 TOMAQUAG RD BRADFORD, RI 02808 USA
1ST VICE PRESIDENT	RAYMOND FOSTER JR	SHANNOCK RD S.KINGSTOWN, RI 02879 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	8,000.00	1000

**9. 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.**

**Signed this 17 Day of February, 2023 at 11:39:45 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SHARYN FOSTER

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07