| | State of Rhode | | Fee: \$20.00 | |
|---|-------------------------------------|---------------------------------------|--------------|--|
| Office of the Secretary of State | | | | |
| | Division Of Business | | | |
| | 148 W. River S Providence RI 029 | | | |
| 1636 | (401) 222-30 | | | |
| Non-Profit Corporation Annual Report Filing Period: February 1 - May 1 In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00. | | | | |
| ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u> | | | | |
| 1. Corporate ID No. 001705609 | | | | |
| 2. Name of Corporation Snake Den Farmers Association | | | | |
| 3. State of Incorporation | | | | |
| State: <u>RI</u> | | | | |
| ARTICLE III | | | | |
| Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u> | | | | |
| NAICS Code | | | | |
| <u>813990</u> | | | | |
| 4. Principal Office Address | | | | |
| | | | | |
| | OWN AVE | - 02010 0 | | |
| City or Town: <u>JOHN</u> | STON State: <u>RI</u> | Zip: <u>02919</u> Country: | <u>USA</u> | |
| 5. Brief Description of the Character of the Affairs Conducted in Rhode Island | | | | |
| OPERATE A MULTIFARMER CO-OPERATIVE | | | | |
| 6. Names and Addresses of the Officers and Directors: | | | | |
| All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3. | | | | |
| Title | Individual Name | Address | | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Cod | e, Country | |

| DIRECTOR | REBECCA ROBERTS | 90 BROWN AVENUE JOHNSTON, RI 02919 USA |
|----------|-----------------|--|
| DIRECTOR | LIA LEE | 106 HANOVER STREET PROVIDENCE, RI 02907 USA |
| DIRECTOR | ADAM GRAFFUNDER | 90 BROWN AVENUE JOHNSTON, RI 02919 USA |
| DIRECTOR | JEROEN KOEMAN | 99 DIAMOND HILL RD BRADFORD, RI 02808 USA |
| DIRECTOR | MARC PAULHUS | 134C HOWARD HILL RD FOSTER, RI 02825 USA |

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARINA CAPRARO 90 BROWN AVE JOHNSTON , RI 02919

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

Signed this 26 Day of April, 2023 at 8:31:42 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>REBECCA ROBERTS</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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