



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 03 2023

BY 500

Annual Report for the year: 2023

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 Tammy D'Amato			Vice-President Name Khaelan Tucker		
Street Address 844 Sherman Farm Road			Street Address 60 Ironmine Road		
City Harrisville	State RI	Zip 02840	City Harrisville	State RI	Zip 02830
Secretary Name Steve D'Amato			Treasurer Name Steve D'Amato		
Street Address 844 Sherman Farm Road			Street Address 844 Sherman Farm Road		
City Harrisville	State RI	Zip 02840	City Harrisville	State RI	Zip 02840
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 Paul Roselli		
Street Address 254 Warner Lane			Street Address Maureen Circle		
City Pascoag	State RI	Zip 02859	City Mapleville	State RI	Zip 02839
Director Name Kenneth Mulligan			Director Name Katie Cole		
Street Address 177 Knibb Road			Street Address 39 Kearns Road		
City Pascoag	State RI	Zip 02859	City Chepachet	State RI	Zip 02814
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Steve D'Amato				Date 4/26/23	
Signature of Officer/Authorized Representative STEVE D'AMATO - TREASURER					

MAIL TO:
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