



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP
MAY 15 2023
BY 4998 DS

1. Entity ID Number 788402		2. Exact name of the Corporation Raising the Barr Family Farm, Inc.			
3. Pncipal Office Address 24 George Street		City Warwick		State RI	Zip 02888
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island To engage in lawful business - FARM			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Barr			Vice-President Name None		
Street Address 24 George Street			Street Address		
City Warwick		State RI	Zip 02888	City	
Secretary Name David Barr			Treasurer Name David Barr		
Street Address 24 George Street			Street Address 24 George Street		
City Warwick		State RI	Zip 02888	City Warwick	
State RI		Zip 02888		City Warwick	
State RI		Zip 02888		City Warwick	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		City	
State		Zip		City	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	Common	No Par
11 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.					
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.					
Name of Authorized Representative DAVID BARR					Date 4/2/23
Signature of Authorized Representative 					

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