



State of Rhode Island
Department of State - Business Services Division

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.

MAY 19 2023

STAMP

2370

1. Entity ID Number 59789		2. Exact name of the Corporation NOFA/RI Northeast Organic Farming Association Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Organic Farming Practices, Education on it's principals, Title 7-6			
4. NAICS Code 813312-Environment					
6. Principal Office Address 247 Evans Road			City Chepachet	State RI	Zip 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Jan Martin			Vice-President Name Laura Wilson		
Street Address 15 Bradbury Street			Street Address 286 Barneyville Road		
City Warren	State RI	Zip 02885	City Swansea	State MA	Zip 02777
Secretary Name Julia Sweet			Treasurer Name Sarah Lavalley		
Street Address 2 Peckham Street			Street Address 620 Horseneck Road		
City Rehobeth	State MA	Zip 02769	City Westport	State MA	Zip 02790
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 Jan Martin			Director Name Laura Wilson		
Street Address 15 Bradbury Street			Street Address 286 Barneyville Road		
City Warren	State RI	Zip 02885	City Swansea	State MA	Zip 02777
Director Name Julia Sweet			Director Name Sarah Lavalley		
Street Address 2 Peckham Street			Street Address 620 Horseneck Road		
City Rehobeth	State MA	Zip 02769	City Westport	State MA	Zip 02790
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.					
<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 Daniel Lawton/Registered Agent				Date 5/8/2023	
Signature of Officer/Authorized Representative <i>Daniel Lawton</i>					

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