



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.

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|--|-----------------|--|--|--------------------|-------------------------|
| 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

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