RI SOS Filing Number: 202341609430 Date: 9/12/2023 12:43:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

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 CURRENT FILING YEAR 2023: 2023

- 1. Corporate ID No. 000575395
- 2. Name of Corporation Revive the Roots
- 3. State of Incorporation

State: RI

NAICS CODE

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

813312

4. Principal Office Address

No. and Street: 10 OLD FORGE ROAD

City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO ENGAGE IN HISTORICAL RESTORATION AND REVIVE THE SUSTAINABLE LOCAL AGRICULTURE MOVEMENT

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

| 1 | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
|--------------|-----------------------------|--|
| | | Address, City of Town, State, Zip Code, Codinity |
| PRESIDENT | BRADFORD OZA ALLARD | 10 OLD FORGE ROAD |
| | | SMITHFIELD, RI 02917 USA |
| DIRECTOR | JENNIFER LAPRESTE | 28 ERNEST STREET |
| | | SMITHFIELD , RI 02917 USA |
| DIRECTOR | ALEC LABINE | 10 OLD FORGE ROAD |
| | | SMITHFIELD , RI 02917 USA |
| DIRECTOR | TYLER DESMARAIS | 500 MENDON RD. APT. 403 |
| | | CUMBERLAND, RI 02864 USA |
| DIRECTOR | RUSSEL STAFFORD | 43 NISBET STREET #3 |
| | | PROVIDENCE, RI 02906 USA |
| DIRECTOR | SHANNON CASEY | 57 HIGH SCHOOL AVE |
| | | CRANSTON, RI 02910 USA |
| DIRECTOR | GRACE FEISTHAMEL | 36 EAST STREET #1 |
| | | PROVIDENCE, RI 02906 USA |
| TREASURER | JANE PEACH | 5 DOIRE COURT |
| | | NORTH SMITHFIELD, RI 02896 USA |
| EX. DIRECTOR | HANNAH MARTIN | 10 OLD FORGE ROAD |
| | | SMITHFIELD, RI 02917 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

BRADFORD O. ALLARD 10 OLD FORGE ROAD SMITHFIELD, RI 02917

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

Signed this 12 Day of September, 2023 at 12:49:45 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>BRADFORD OZA ALLARD</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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