



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024

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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 OCT 25 P 2:22

1. Entity ID Number 000486734		2. Exact name of the Corporation Rhode Island Raised Livestock Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE AND ENSURE THE PRESERVATION OF OUR AGRICULTURAL LANDS, OUR RURAL ECONOMY AND OUR AGRAIAN WAY OF LIFE			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 216C Richmond Townhouse Road			City Carolina	State RI	Zip 02812
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Peter Whitman			Vice-President Name Martha Neale		
Street Address 700 Curtis Corner Road			Street Address 71 Weeden Lane		
City Wakefield	State RI	Zip 02879	City Jamestown	State RI	Zip 02835
Secretary Name Terri Oatley			Treasurer Name Sherry Griffiths		
Street Address 1180 Ten Rod Road			Street Address 9 Johnson Road		
City Exeter	State RI	Zip 02822	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Bill Coulter			Director Name Lou Vinagro		
Street Address 460 Shumankanuc Hill Road			Street Address 203 Hartford Pike		
City Charlestown	State RI	Zip 02813	City Foster	State RI	Zip 02825
Director Name Greg Breene			Director Name		
Street Address 21E Victory Highway			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 Heidi A. Quinn					Date 10/25/2023
Signature of Officer/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

OCT 25 2023

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