



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation \_\_\_\_\_

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

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|  |                    |  |   |                          |                     |
|--|--------------------|--|---|--------------------------|---------------------|
| 1. Entity ID Number<br><b>001710677</b>  |                    | 2. Exact name of the Corporation<br><b>Rocky Point Blueberry Farm Inc.</b>   |   |                          |                     |
| 3. Principal Office Address<br><b>161 Aldrich Ave</b>  |                    | City<br><b>Warwick</b>   | State<br><b>RI</b>                            | Zip<br><b>02889</b>      |                     |
| 4. NAICS Code<br><b>445230</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Grow blueberry bushes, sell blueberries in July and August to pick-your-own customers.</b> |   |                          |                     |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                    |  |   |                          |                     |
| 7. List ALL officers (names and addresses) _____ Check the box to indicate an attachment <input type="checkbox"/>  |                    |  |   |                          |                     |
| President Name<br><b>Nancy Cornish</b>   |                    |  | Vice-President Name<br><b>Stephen Cornish</b> |                          |                     |
| Street Address<br><b>445 Narragansett Bay Ave</b>  |                    |  | Street Address<br><b>161 Aldrich Ave</b>      |                          |                     |
| City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02889</b>  | City<br><b>Warwick</b>                        | State<br><b>RI</b>       | Zip<br><b>02889</b> |
| Secretary Name   |                    |  | Treasurer Name                                |                          |                     |
| Street Address   |                    |  | Street Address                                |                          |                     |
| City   | State              | Zip  | City  | State                    | Zip                 |
| 8. List ALL directors (names and addresses) _____ Check the box to indicate an attachment <input type="checkbox"/>   |                    |  |   |                          |                     |
| Director Name<br><b>Nancy Cornish</b>  |                    |  | Director Name<br><b>Stephen Cornish</b>       |                          |                     |
| Street Address<br><b>445 Narragansett Bay Ave</b>  |                    |  | Street Address<br><b>161 Aldrich Ave</b>      |                          |                     |
| City<br><b>Warwick</b>   | State<br><b>RI</b> | Zip<br><b>02889</b>  | City<br><b>Warwick</b>                        | State<br><b>RI</b>       | Zip<br><b>02889</b> |
| Director Name  |                    |  | Director Name                                 |                          |                     |
| Street Address   |                    |  | Street Address                                |                          |                     |
| City   | State              | Zip  | City  | State                    | Zip                 |
| 9. Shares Authorized   |                    | 10. Shares Issued _____ Check the box to indicate an attachment <input type="checkbox"/>   |   |                          |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    | NUMBER OF SHARES   |   | CLASS/SERIES             |                     |
|  |                    | 2000   |   | Common Non-Par           |                     |
|  |                    |  |   | .01                      |                     |
|  |                    |  |   |                          |                     |
| 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.<br><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> |                    |  |   |                          |                     |
| Name of Authorized Representative<br><b>Nancy Cornish</b>  |                    |  |   | Date<br><b>1/28/2024</b> |                     |
| Signature of Authorized Representative<br><i>Nancy Cornish</i>   |                    |  |   |                          |                     |

MAIL TO:  
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