



**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.

JAN 31 2024

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Handwritten initials

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

MAIL TO:
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Website: www.sos.ri.gov