



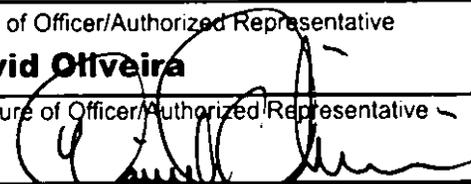
State of Rhode Island  
Department of State - Business Services Division

STAMP

Annual Report for the year: 2022

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.

1. Entity ID Number <b>001707550</b>		2. Exact name of the Corporation <b>Save Bettencourt Farm Corporation</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To engage in and otherwise promote for the benefit of the general public the preservation and conservation of natural resources of the town of Warren, RI.</b>			
4. NAICS Code <b>813312</b>					
6. Principal Office Address <b>175 Schoolhouse Rd</b>			City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name <b>David Oliveira</b>		
Street Address			Street Address <b>175 Schoolhouse Rd</b>		
City	State	Zip	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
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 <b>Rebecca Benoit</b>			Director Name <b>Davison Bolster</b>		
Street Address <b>103 Chestnut St.</b>			Street Address <b>53 State St</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Director Name <b>Melissa Zasowski</b>			Director Name <b>Kevin Rodrigues</b>		
Street Address <b>33 Detroit Ave</b>			Street Address <b>11 Brady St</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
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 <b>David Oliveira</b>					Date <b>02/04/2024</b>
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

1:07 FEB 15 2024  
BY ML T23PI