



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 001707550		2. Exact name of the Corporation Save Bettencourt Farm Corporation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island 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.			
4. NAICS Code 813312					
6. Principal Office Address 175 Schoolhouse Rd		City Warren		State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name David Oliveira		
Street Address			Street Address 175 Schoolhouse Rd		
City	State	Zip	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rebecca Benoit			Director Name Davison Bolster		
Street Address 103 Chestnut St.			Street Address 53 State St		
City Bristol	State RI	Zip 02809	City Wren	State RI	Zip 02885
Director Name Melissa Zasowski			Director Name Kevin Rodrigues		
Street Address 33 Detroit Ave			Street Address 11 Brady St		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<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 David Oliveira				Date 02/04/2024	
Signature of Officer/Authorized Representative					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 631- Revised: 12/2023