



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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STAMP

1. Entity ID Number 001690087		2. Exact name of the Corporation B Free Farm, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To provide a permanent, safe, loving home to animals in need of rescue. To provide each animal with proper care to allow them the opportunity of providing therapeutic aid to special needs children/adults.			
4. NAICS Code 813312					
6. Principal Office Address 663 East Road			City Tiverton	State RI	Zip 02878
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Scott MacDonald			Vice-President Name Amy MacDonald		
Street Address 663 East Road			Street Address 663 East Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Rachel Prendergast			Treasurer Name Sheila Ellsworth		
Street Address 663 East Road			Street Address 663 East Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
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 Sheila Ellsworth			Director Name Denise Viera		
Street Address 663 East Road			Street Address 663 East Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Cathy Larson			Director Name Dawn McCauley		
Street Address 28 Bracket Avenue			Street Address 1837 West Main Road		
City Tiverton	State RI	Zip 02878	City Middletown	State RI	Zip 02842
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 Scott MacDonald				Date 2/3/24	
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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