



State of Rhode Island  
Department of State - Business Services Division

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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.

|   |                    |  |  |                       |                     |
|---|--------------------|--|--|-----------------------|---------------------|
| 1. Entity ID Number<br><b>001690087</b>   |                    | 2. Exact name of the Corporation<br><b>B Free Farm, Inc.</b>   |  |                       |                     |
| 3. State of Incorporation<br><b>RI</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>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.</b> |  |                       |                     |
| 4. NAICS Code<br><b>813312</b>  |                    |  |  |                       |                     |
| 6. Principal Office Address<br><b>663 East Road</b>   |                    |  | City<br><b>Tiverton</b>                      | State<br><b>RI</b>    | Zip<br><b>02878</b> |
| 7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment   |                    |  |  |                       |                     |
| President Name<br><b>Scott MacDonald</b>  |                    |  | Vice-President Name<br><b>Amy MacDonald</b>  |                       |                     |
| Street Address<br><b>663 East Road</b>  |                    |  | Street Address<br><b>663 East Road</b>       |                       |                     |
| City<br><b>Tiverton</b>   | State<br><b>RI</b> | Zip<br><b>02878</b>  | City<br><b>Tiverton</b>                      | State<br><b>RI</b>    | Zip<br><b>02878</b> |
| Secretary Name<br><b>Rachel Prendergast</b>   |                    |  | Treasurer Name<br><b>Sheila Ellsworth</b>    |                       |                     |
| Street Address<br><b>663 East Road</b>  |                    |  | Street Address<br><b>663 East Road</b>       |                       |                     |
| City<br><b>Tiverton</b>   | State<br><b>RI</b> | Zip<br><b>02878</b>  | City<br><b>Tiverton</b>                      | State<br><b>RI</b>    | Zip<br><b>02878</b> |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <input type="checkbox"/> Check the box to indicate an attachment                             |                    |  |  |                       |                     |
| Director Name<br><b>Sheila Ellsworth</b>  |                    |  | Director Name<br><b>Denise Viera</b>         |                       |                     |
| Street Address<br><b>663 East Road</b>  |                    |  | Street Address<br><b>663 East Road</b>       |                       |                     |
| City<br><b>Tiverton</b>   | State<br><b>RI</b> | Zip<br><b>02878</b>  | City<br><b>Tiverton</b>                      | State<br><b>RI</b>    | Zip<br><b>02878</b> |
| Director Name<br><b>Cathy Larson</b>  |                    |  | Director Name<br><b>Dawn McCauley</b>        |                       |                     |
| Street Address<br><b>28 Bracket Avenue</b>  |                    |  | Street Address<br><b>1837 West Main Road</b> |                       |                     |
| City<br><b>Tiverton</b>   | State<br><b>RI</b> | Zip<br><b>02878</b>  | City<br><b>Middletown</b>                    | State<br><b>RI</b>    | Zip<br><b>02842</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<br><b>Scott MacDonald</b>   |                    |  |  | Date<br><b>2/3/24</b> |                     |
| Signature of Officer/Authorized Representative<br>  |                    |  |  |                       |                     |

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