



State of Rhode Island
Department of State - Business Services Division

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.

RECEIVED
2024 MAR 12 PM 2:02:07
R-300 D.R.305 BSD

1. Entity ID Number <u>001674709</u>		2. Exact name of the Corporation <u>Rhode Island Association of FSA County Employees</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Strive to maintain & improve the confidence, esteem & respect of the public for the Farm Service Agency (FSA) county office employees.</u>	
4. NAICS Code <u>813920</u>			
6. Principal Office Address <u>60 Quaker Lane Suite 49</u>		City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Sheryl Michener</u>		Vice-President Name <u>Nancy Becker</u>	
Street Address <u>12 Cross St</u>		Street Address <u>48 E Ha St</u>	
City <u>Rehoboth</u>	State <u>MA</u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
Secretary Name <u>Sheryl Michener</u>		Treasurer Name <u>Anne Belleville</u>	
Street Address <u>Same above</u>		Street Address <u>55 W. Pleasant St</u>	
City <u></u>	State <u></u>	City <u>Warwick</u>	State <u>RI</u> Zip <u>02886</u>
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 <u>Sheryl Michener</u>		Director Name <u>Nancy Becker</u>	
Street Address <u>Same above</u>		Street Address <u>Same above</u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u> Zip <u></u>
Director Name <u>Anne Belleville</u>		Director Name <u>Anne Belleville</u>	
Street Address <u>Same above</u>		Street Address <u>Same above</u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u> Zip <u></u>
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Sheryl Michener</u>			Date <u>3/12/2024</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

FILED 2:03

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

MAR 12 2024

BY B4A2n

FORM 631- Revised: 04/2023