



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.

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1. Entity ID Number 001674709		2. Exact name of the Corporation Rhode Island Association of FSA County Employees			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Strive to maintain & improve the confidence, esteem & respect of the public for the Farm Service Agency (FSA) county office employees.			
4. NAICS Code 813920					
6. Principal Office Address 60 Quaker Lane Suite 49			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sheryl Michener			Vice-President Name Nancy Becker		
Street Address 12 Cross St			Street Address 48 E Ha St		
City Rehoboth	State MA	Zip 02769	City Warwick	State RI	Zip 02886
Secretary Name Sheryl Michener			Treasurer Name Anne Belleville		
Street Address Same above			Street Address 55 W. Pleasant St		
City	State	Zip	City Warwick	State RI	Zip 02886
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 Sheryl Michener			Director Name Nancy Becker		
Street Address Same above			Street Address Same above		
City	State	Zip	City	State	Zip
Director Name			Director Name Anne Belleville		
Street Address			Street Address Same above		
City	State	Zip	City	State	Zip
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 Sheryl Michener					Date 3/12/2024
Signature of Officer/Authorized Representative [Signature]					

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