



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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1. Entity ID Number <b>506954</b>		2. Exact name of the Corporation <b>BONNIE DALE FARM Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>For abandoned, abused forsaken farm and domestic animals. Rescue provides healthcare and maintenance, FOOD</b>			
4. NAICS Code <b>813312</b>					
6. Principal Office Address <b>948 Putnam Pike</b>			City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Lynn mobriant</b>			Vice-President Name <b>Daniel mackenzie</b>		
Street Address <b>948 Putnam Pike</b>			Street Address <b>948 Putnam Pike</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>
Secretary Name <b>Alyssa Nickerson</b>			Treasurer Name <b>Joseph Nickerson</b>		
Street Address <b>11 Locust St.</b>			Street Address <b>11 Locust St.</b>		
City <b>North Prov.</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Prov.</b>	State <b>RI</b>	Zip <b>02911</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Lynn mobriant</b>			Director Name <b>Daniel Mackenzie</b>		
Street Address <b>same AS ABOVE</b>			Street Address <b>same AS ABOVE</b>		
City	State	Zip	City	State	Zip
Director Name <b>Alyssa Nickerson</b>			Director Name		
Street Address <b>same AS ABOVE</b>			Street Address		
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.					
<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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>DANIEL J. MACKENZIE</b>					Date <b>4/29/24</b>
Signature of Officer/Authorized Representative <i>Daniel J. Mackenzie</i>					

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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