



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

MAY 01 2024
30225-02

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000019731		2. Exact name of the Corporation RHODE ISLAND HARVESTING COMPANY			
3. Principal Office Address 15 EXTENSION 184			City ASHAWAY	State RI	Zip 02804
4. NAICS Code 444230		6. Brief description of the character of business conducted in Rhode Island RETAIL FARM, INDUSTRIAL AND CONSUMER PRODUCTS SALES AND SERVICE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name ELLEN R. JAMES			Vice-President Name DANIEL B. JAMES		
Street Address 7 PALMER STREET			Street Address 81 HIGH STREET		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
Secretary Name STEVEN C. JAMES			Treasurer Name NANCY E. GREENE		
Street Address 77 EGYPT STREET			Street Address 75 EGYPT STREET		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS-SERIES	
		PAR VALUE			
		135	CNP	\$0.00	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative NANCY E. GREENE				Date 04/26/2024	
Signature of Authorized Representative <i>Nancy E Greene</i>					

MAIL TO:
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