



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2024**  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 01 2024

STAMP

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1. Entity ID Number <b>788402</b>		2. Exact name of the Corporation <b>Raising the Barr Family Farm, Inc.</b>												
3. Principal Office Address <b>24 George Street</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>									
4. NAICS Code <b>541690</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in lawful business</b>												
5. State of Incorporation														
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>David Barr</b>			Vice-President Name <b>None</b>											
Street Address <b>24 George Street</b>			Street Address											
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip									
Secretary Name <b>David Barr</b>			Treasurer Name <b>David Barr</b>											
Street Address <b>24 George Street</b>			Street Address <b>24 George Street</b>											
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
<div>This information is currently of record in the Department of State.</div> <table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>50</td><td>Common</td><td>No Par</td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> <div>Changes require an additional filing.</div>						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	50	Common	No Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
50	Common	No Par												
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.														
<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>														
Name of Authorized Representative <b>DAVID BARR</b>					Date <b>4/26/2024</b>									
Signature of Authorized Representative 														

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FORM 630 - Revised: 2/2023