



State of Rhode Island

Department of State - Business Services Division

REC'D RIDOS BSD
23 OCT 30 PM 2:40:28

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.

1. Entity ID Number 000032044		2. Exact name of the Corporation RHODE ISLAND AGRICULTURAL COUNCIL			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE AGRICULTURE IN RHODE ISLAND.			
4. NAICS Code 813990 - Other Similar Organ ☐					
6. Principal Office Address 16 Nooseneck Hill Road, Apt B		City West Greenwich		State RI	Zip 02812
7. List ALL officers (names and addresses) ☐ Check the box to indicate an attachment					
President Name Joyce Bastien			Vice-President Name Todd Poulos		
Street Address 396 Yawgoo Valley Road			Street Address 8 Jupiter Lane, Unit E		
City Exeter	State RI	Zip 02822	City Wyoming	State RI	Zip 02898
Secretary Name Heidi Quinn			Treasurer Name Heidi Quinn		
Street Address 216C Richmond Townhouse Road			Street Address 216C Richmond Townhouse Road		
City Carolina	State RI	Zip 02812	City Carolina	State RI	Zip 02812
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. ☐ Check the box to indicate an attachment					
Director Name Mike Merner			Director Name John Jaffe		
Street Address 89A Country Drive			Street Address 209 Mowry Road		
City Charlestown	State RI	Zip 02813	City Smithfield	State RI	Zip 02817
Director Name Al Bettencourt			Director Name		
Street Address 960 South Main Street			Street Address		
City Pascoag	State RI	Zip 02859	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 Heidi A. Quinn				Date 10/23/2023	
Signature of Officer/Authorized Representative 				FILED APR 20 2024	

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

BY JXXVW
AL

FORM 631 - Revised: 11/2021