



State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2024

Non-Profit Corporation

MAY 13 2024

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→ 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 001668166		2. Exact name of the Corporation Rhode Island Women in Agriculture			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A group providing agricultural education conferences/activities to add enrichment of success for women in the agricultural fields of small business and industry.			
4. NAICS Code 813319					
6. Principal Office Address 363 Schumankanuc Hill Road			City Charlestown	State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kim Coulter			Vice-President Name Sylvia Panciera		
Street Address 363 Schumankanuc Hill Road			Street Address 25 Nooseneck Hill Road		
City Charlestown	State RI	Zip 02813	City Richmond	State RI	Zip 02898
Secretary Name Nina Luchka			Treasurer Name Brenda Frederickson		
Street Address 460 Schumankanuc Hill Road			Street Address 1051 Chopmist Hill Road		
City Charlestown	State RI	Zip 02813	City North Scituate	State RI	Zip 02857
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 Kim Coulter			Director Name Sylvia Panciera		
Street Address 363 Schumankanuc Hill Road			Street Address 25 Nooseneck Hill Road		
City Charlestown	State RI	Zip 02813	City Richmond	State RI	Zip 02898
Director Name Nina Luchka			Director Name Brenda Frederickson		
Street Address 460 Schumankanuc Hill Road			Street Address 1051 Chopmist Hill Road		
City Charlestown	State RI	Zip 02813	City North Scituate	State RI	Zip 02857
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Brenda L. Frederickson					Date 5/1/24
Signature of Officer/Authorized Representative Brenda L. Frederickson					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov