



State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2022  
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 <u>001672918</u> <del>XXXXXXXXXX</del>		2. Exact name of the Corporation <u>Harvest Inc.</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Non-profit formed to support local Agriculture</u>			
4. NAICS Code <u>813312</u> <del>XXXXXXXXXX</del>					
6. Principal Office Address <u>7 Carroll Ave</u>			City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Ian Billings Martins</u>			Vice-President Name <u>(Vacant)</u>		
Street Address <u>2 Atlantic street</u>			Street Address		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City	State	Zip
Secretary Name <u>Elizabeth L. Grace</u>			Treasurer Name <u>Elizabeth L. Grace</u>		
Street Address <u>200 Ocean Ave</u>			Street Address <u>200 Ocean Ave</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Ian Billings Martins</u>			Director Name <u>Elizabeth L. Grace</u>		
Street Address <u>2 Atlantic street</u>			Street Address <u>200 Ocean Ave</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>
Director Name <u>John Richmond III</u>			Director Name <u>None</u>		
Street Address <u>886 Brenton Rd</u>			Street Address <u>N/A</u>		
City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	City <u>N/A</u>	State <u>N/A</u>	Zip <u>N/A</u>
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 <u>Ian Billings Martins</u>					Date <u>6/12/24</u>
Signature of Officer/Authorized Representative 					<b>FILED</b>

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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