

State of Rhode Island,

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2024

AUG 0 5 2024 6

→ 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 Nunber	2. Exact name of the Corporation				
001701532	Movement Grand Farm				
3. State of Incorporation	_	of business conducted in Rhode Isla			
RI	Graw nutrien	t-dense, acce	essible	produce	
4. NAICS Code	for all commo	nities and emp	wer, tag	milies	
813312	through ther	connection to land	1 and to	pd.	
6. Principal Office Address	J	City	State	Zip	
592 Puncatest	- Neck Rd	Tiveston	PI	02878	
7. List ALL officers (names and add		Check the	box to indicate an a	ittachment 🔲	
President Name Szroth	Suana	Vice-President Name Shih			
Street Address 74 William St. #2		Street Address			
city Providence	State Zig 2909	Cy Pully ket	State R /	02860	
Secretary Name Gladus	Gould	Treasurer Name Dulcai	Tahbi le		
Street Address Street Address			<u> </u>		
112 Warringto	· · · · · · · · · · · · · · · · · · ·	61 Windson &	cad	-	
cir Providence	State [2] Zip 02907	Cranston	State 7	02905	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Kohei	Ishihara	Director Name	Sum	o	
Street Address		Street Address 4 1 6 1 0 4	Long	0-42	
S92 Horcate	1 -	CyD. Harr	Stato	ZIR	
Director Name T	State 1 02878	Pandence	101	10000	
Director Name Elena Shih D. rector Name					
Street Address 70 La	fayethe Street	Street Address			
City Rewtucket	State 121 7102860	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, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Repres	entative		Date		
Gladys Guzman	, slody zuman	_	7/24/	7024	
Signature of Officer/Authorized Representative					
Stady Gum					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos/i.gov