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State of Rhode Island

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE

2024 AUG 16 PH 2: 26

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 t	orm is not filed by	y May 31.				
1. Entity ID Number 001748097	2. Exact name of the Corporation The Ministerial Farm Homeowners Association, Inc.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island Non-Profit Homeowners Association					
4. NAICS Code 813990						
6. Principal Office Address 25 Shortie Way			City Wakefield	State RI	Zip 02879	
7. List ALL officers (names and add	iresses)			heck the box to indicate a	n attachment	
President Name Richard Cota Jr.			Vice-President Name Mattie Wells			
Street Address 25 Shortie Way			Street Address 138 Darlene Drive			
^{City} Wakefield	State RI	^{Zip} 02879	^{City} Wakefield	State RI	Zip 02879	
Secretary Name Joy Erautt			Treasurer Name Joy Eruatt			
Street Address 108 Darlene Drive			Street Address 108 Darlene Drive			
^{City} Wakefield	State RI	^{Zip} 02879	^{City} Wakefield	State RI	7ip 02879	
8. List ALL directors (names and a	ddresses). Rl C	orporations MUST	ist at least THREE directors.	Check the box to indicate	an attachment	
Director Name Richard Cota Jr.			Director Name Mattie Wells			
Street Address 25 Shortie Way			Street Address 138 Darlene Drive			
^{City} Wakefield	State RI	^{Zip} 02879	^{City} Wakefield	State RI	Zip 02879	
Director Name Joy Eruatt			Director Name None			
Street Address 108 Darlene Drive			Street Address			
^{City} Wakefield	State RI	^{Zip} 02879	City	State	Zip	
9. The Registered Agent informat	ion of record with	n the RI Departmen	t of State is accurate. Change	s require filing Form 64	11.	
Under penalty of perjury, I decl statements, and that all statem	are and affirm t	hat I have examin	ed this report, including any	accompanying sche	dules and	
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Represi				(op. 00)	₹eceiver or Trustee.	
Name of Officer/Authorized Representative				Date		
Richard Cota Jr.				13/MAKE	19/8-HKED	
Signature of Officer/Authorized Representative				FILE	FILED	
MAIL TO:				AUG 16	2024	

Division of Business Services

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

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

