



State of Rhode Island
Department of State - Business Services Division

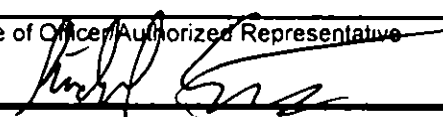
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SECRETARY OF STATE
CORPORATIONS DIV.

2024 AUG 16 PM 2:25

Annual Report for the year: 2023

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 001748097		2. Exact name of the Corporation The Ministerial Farm Homeowners Association, Inc.			
3. State of Incorporation RI		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 addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Eruatt			Treasurer Name Joy Eruatt		
Street Address 108 Darlene Drive			Street Address 108 Darlene Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 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 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 Richard Cota Jr.					Date 8/16
Signature of Officer/Authorized Representative 					FILED

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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