



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FILED

FEB 03 2025

BY 1031 AA

1. Entity ID Number 001730231		2. Exact name of the Corporation North Farm Masthead Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Publication of 4 annual newsletters for 300 North Farm Condo Assn owners.			
4. NAICS Code 813910					
6. Principal Office Address 452 Paddock Lane			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Betty Ann Tyson			Vice-President Name		
Street Address 64 Winward Lane			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name			Treasurer Name Richard A Leroux		
Street Address			Street Address 452 Paddock Lane		
City	State	Zip	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Betty Ann Tyson			Director Name Joscelyn Varieur		
Street Address 64 Winward Lane			Street Address 98 Messinger Street		
City Bristol	State RI	Zip 02809	City Plainville	State MA	Zip 02762
Director Name Richard A Leroux			Director Name		
Street Address 452 Paddock Lane			Street Address		
City Bristol	State RI	Zip 02809	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, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Richard A Leroux, Treasurer				Date 1/27/2025	
Signature of Officer/Authorized Representative <i>Richard A Leroux, Treasurer</i>					

MAIL TO:

Division of Business Services

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