RI SOS Filing Number: 202566219410 Date: 2/24/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

mailed 2/15/25 #50

FILED FEB 24 2025 BY 240

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation			
1710677	Rocky Point Blueberry Farm, Inc.			
3. Principal Office Address		City	State	Zip
161 Aldrich Ave.		Warwick	RI	02889
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
445230	Pick-Your-Own Blueberry Farm. Open on July and August.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Nancy L. Cornish			Stephen J. Cornish		
Street Address			Street Address		
445 Narragansett Bay Ave.			161 Aldrich Ave.		
City / State / Zip			City / State / Zip		
Warwick	RI	02889	Warwick	RI	02889
Secretary Name			Treasurer Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Nancy L. Cornish			Stephen J. Cornish		
Street Address			Street Address		
445 Narragansett Bay Ave.			161 Aldrich Ave.		
City / State / Zip			City / State / Zip		
Warwick	RI	02889	Warwick	RI	02889
Director Name			Director Name		
Street Address			Street Address		
City / State / Zip			City / State / Zip		

9. Shares Authorized —
This information is currently of record in the Department of State.
Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	Common	non Par

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Nancy L. Cornish	2/15/2025

Signature of Authorized Representative: Nancy L. Cornish

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023