**State of Rhode Island**
**Department of State - Business Services Division**

**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.

FILED
MAY 02 2025
BY
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R.I. DEPT. OF STATE
BUS SVCS DIV
2025 MAY -2 P 3:39

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 000019731 | RHODE ISLAND HARVESTING COMPANY |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 15 EXTENSION 184 | ASHAWAY | RI | 02804 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 444230 | RETAIL FARM, INDUSTRIAL AND CONSUMER PRODUCTS SALES AND SERVICE |
| 5. State of Incorporation | |
| RHODE ISLAND | |

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

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| ELLEN R. JAMES | 7 PALMER STREET | ASHAWAY | RI | 02804 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| DANIEL B. JAMES | 81 HIGH STREET | ASHAWAY | RI | 02804 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| STEVEN C. JAMES | 77 EGYPT STREET | ASHAWAY | RI | 02804 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NANCY E. GREENE | 75 EGYPT STREET | ASHAWAY | RI | 02804 |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |
| Director Name | Street Address | City | State | Zip |
| | | | | |
| Director Name | Street Address | City | State | Zip |
| | | | | |
| Director Name | Street Address | City | State | Zip |
| | | | | |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 135 | CNP | $0.00 |
| | | | |

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 E GREENE | 04/29/2025 |

Signature of Authorized Representative
Nancy E Greene

**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