RI SOS Filing Number: 202574271020 Date: 5/30/2025 4:00:00 PM

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.

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2025 MAY 30 P 3:11

1. Entity ID Number	2. Exact name of the Corporation
486527	Burrillville Farmers' Market Association, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Nonprofit farmers market promoting local agriculture, farm products, artisan goods, and land preservation in Burrillville.
4. NAICS Code: 445230	

6. Principal Office Address	City	State	Zip
PO Box 215	Pascoag	RI	02859

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

President Name: Tammy D' Amato			Vice-President Name: Steven D' Amato		
Street Address: 844 Sherman Farm Rd.			Street Address: 844 Sherman Farm Rd.		
City: Harrisville	State: RI	Zip: 02830	City: Harrisville	State: RI	Zip: 02830
Secretary Name: Sheila Bibeault			Treasurer Name: Khaelan Tucker		
Street Address: 254 Warner Ln.			Street Address: 60 Ironmine Rd.		
City: Pascoag	State: RI	Zip: 02859	City: Harrisville	State: RI	Zip: 02830

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Destiny Sincavage			Director Name: Paul Roselli		
Street Address: 60 Ironmine Rd.			Street Address: Maureen Circle		
City: Harrisville	State: RI	Zip: 02830	City: Mapleville	State: RI	Zip: 02839
Director Name: Katie Cole			Director Name:		
Street Address: 39 Kearns Rd.			Street Address:		
City: Chepachet	State: RI	Zip: 02814	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	Date
Khaelan Tucker, Treasurer & Market Manager	5/24/25

Signature of Officer/Authorized Representative

FILED

MAY 30 2025

BY 6960

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 631- Revised: 12/2023