



State of Rhode Island
Department of State - Business Services Division

577.02

Annual Report for the year: 2025

Non-Profit Corporation

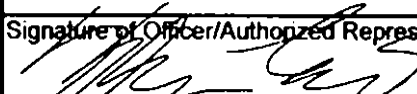
→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV.

2025 MAY 30 P 3:11

1. Entity ID Number 486527		2. Exact name of the Corporation 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 PO Box 215		City Pascoag		State RI	Zip 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 Khaelan Tucker, Treasurer & Market Manager					Date 5/24/25
Signature of Officer/Authorized Representative 					FILED OV

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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