



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 JUN 27 PM 2: 03

1. Entity ID Number 000511741		2. Exact name of the Corporation The New Urban Farmers	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To educate communities primarily in the Pawtucket/WFJ Warren areas on community gardens and access to fresh local farm foods.	
4. NAICS Code 61519			
6. Principal Office Address 39 Waldman Ave		City Barrington	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Blen Grijalva		Vice-President Name Emily Jodka	
Street Address 450 Main Street		Street Address 423 Lansdale Ave	
City Warren	State RI	City Pawtucket	State RI
Zip 02905		Zip 02960	
Secretary Name Emily Jodka		Treasurer Name Emily Jodka	
Street Address 423 Lansdale Ave		Street Address 423 Lansdale Ave	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02960		Zip 02960	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name William Rice		Director Name Kate Aubin	
Street Address 245 Oak Hill Ave		Street Address 39 Moseland Ave	
City Seekonk	State MA	City Warrenton	State RI
Zip 02771		Zip 02905	
Director Name Marcia Graham		Director Name	
Street Address 37 Sawinsett Ave		Street Address	
City Warren	State RI	City	State
Zip 02905		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Emily Jodka			Date 6/27/17
Signature of Officer/Authorized Representative 			FILED

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

JUN 27 2017
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