

RECEIVED STATE
R.I. DEPARTMENT OF STATE
2022 MAY 31 P 12:48



Annual Report for the year: 2022 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 000534271		2. Exact name of the Corporation Coastal Growers Farmer's Market, Inc.			
3. Principal Office Address 116 Orange Street			City Providence	State RI	Zip 02903
4. NAICS Code 445230		6. Brief description of the character of business conducted in Rhode Island <i>Operate farmer's market advisement to the public New England 5/3</i>			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandra Barden			Vice-President Name Meggean Ward		
Street Address 56 Elmdale Road			Street Address c/o Beautiful Day, 10 Davol Square		
City North Scituate	State RI	Zip 02857	City Providence	State RI	Zip 02903
Secretary Name Deja Hart			Treasurer Name Ben Aavlik		
Street Address 166 Stone Gate Drive			Street Address 333 Blue Ridge Road		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sandra Barden			Director Name Meggean Ward		
Street Address 56 Elmdale Road			Street Address c/o Beautiful Day, 10 Davol Square		
City North Scituate	State RI	Zip 02857	City Providence	State RI	Zip 02903
Director Name Deja Hart			Director Name Ben Aavlik		
Street Address 166 Stone Gate Drive			Street Address 333 Blue Ridge Road		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02886
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment: <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		400		Common	
				PAR VALUE	
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 Sandra Barden				Date 5/24/22	
Signature of Authorized Representative <i>Sandra F. Barden</i>					

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

FILED

FORM 630 - Revised: 11/2021

MAY 31 2022
BY *[Signature]* CX2 H1