RI SOS Filing Number: 202453904610 Date: 4/29/2024 3:47:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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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1. Entity ID Number	2. Exact name of the Corporation					
000032044	RHODE ISLAND AGRICULTURAL COUNCIL					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	TO PROMOTE AGRICULTURE IN RHODE ISLAND.					
4. NAICS Code	1					
813990 - Other Similar Organ	1					
6. Principal Office Address			City	State	Zip	
16 Nooseneck Hill Road, Apt B			West Greenwich	RI	02812	
7. List ALL officers (names and add	tresses)			Check the box to indi-	cate an attachment	
President Name Joyce Bastien			Vice-President Name Todd Poulos			
Street Address 396 Yawgoo Valley Road			Street Address 8 Jupiter Lane, Unit E			
City Exeter	State RI	^{Zip} 02822	City Wyoming	State RI	^{Zip} 02898	
Secretary Name Heidi Quinn			Treasurer Name Heidi Quinn			
Street Address 216C Richmond Townhouse Road			Street Address 216C Richmond Townhouse Road			
City Carolina	State RI	^{Zip} 02812	^{City} Carolina	State RI	^{Zip} 02812	
8. List ALL directors (names and ad	ddresses). RI C	orporations MUST I	st at least THREE directors.	Check the box to indi	cate an attachment	
Director Name Mike Merner			Director Name John Jaffe			
Street Address 89A Country Drive			Street Address 209 Mowry Road			
City Charlestown	State RI	^{Zip} 02813	^{City} Smithfield	State RI	^{Zip} 02817	
Director Name Al Bettencourt			Director Name			
Street Address 960 South Main Street			Street Address			
City Pascoag	State RI	^{Zip} 02859	City	State	Zip	
9. The Registered Agent information	n of record with	the RI Department	of State is accurate. Changes re-	quire filing Form 64	1.	
Under penalty of perjury, I declar statements, and that all statements				ompanying sched	ules and	
This report must be signed by either the Pres	sident, Vice-Preside	nt, Secretary, Assistant S	ecretary. Treasurer, duly Authorized Repres	sentative, Receiver or Tru	isleo.	
Name of Officer/Authorized Representative				Date		
Heidi A. Quinn				10/23/2023		
Signature of Officer/Authorized Rep	resentative	Mana		,		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

