



State of Rhode Island  
**Department of State - Business Services Division**

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**Annual Report for the year:** 2023  
**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.

1. Entity ID Number <b>000032044</b>		2. Exact name of the Corporation <b>RHODE ISLAND AGRICULTURAL COUNCIL</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO PROMOTE AGRICULTURE IN RHODE ISLAND.</b>			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address <b>16 Nooseneck Hill Road, Apt B</b>		City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02812</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joyce Bastien</b>			Vice-President Name <b>Todd Poulos</b>		
Street Address <b>396 Yawgoo Valley Road</b>			Street Address <b>8 Jupiter Lane, Unit E</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>
Secretary Name <b>Heidi Quinn</b>			Treasurer Name <b>Heidi Quinn</b>		
Street Address <b>216C Richmond Townhouse Road</b>			Street Address <b>216C Richmond Townhouse Road</b>		
City <b>Carolina</b>	State <b>RI</b>	Zip <b>02812</b>	City <b>Carolina</b>	State <b>RI</b>	Zip <b>02812</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Mike Merner</b>			Director Name <b>John Jaffe</b>		
Street Address <b>89A Country Drive</b>			Street Address <b>209 Mowry Road</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02817</b>
Director Name <b>Al Bettencourt</b>			Director Name		
Street Address <b>960 South Main Street</b>			Street Address		
City <b>Pascoag</b>	State <b>RI</b>	Zip <b>02859</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Heidi A. Quinn</b>				Date <b>10/23/2023</b>	
Signature of Officer/Authorized Representative 					

**FILED**

APR 29 2024

BY JLVW  
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MAIL TO:  
 Division of Business Services  
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