

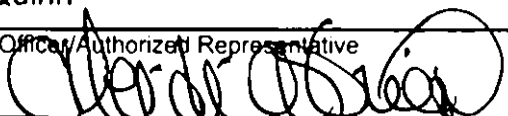


State of Rhode Island  
**Department of State - Business Services Division**

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**Annual Report for the year:** 2022  
**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<br><b>000032044</b>  |                 | 2. Exact name of the Corporation<br><b>RHODE ISLAND AGRICULTURAL COUNCIL</b>  |                        |                           |                  |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>TO PROMOTE AGRICULTURE IN RHODE ISLAND.</b> |                        |                           |                  |
| 4. NAICS Code<br>813990 - Other Similar Organ <input type="checkbox"/>   |                 |   |                        |                           |                  |
| 6. Principal Office Address<br><b>16 Nooseneck Hill Rd Apt B</b>   |                 | City<br><b>W. Greenwich</b>   | State<br><b>RI</b>     | Zip<br><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>Heidi Quinn</b>  |                 | Vice-President Name <b>Joyce Bastien</b>  |                        |                           |                  |
| Street Address <b>216C Richmond Townhouse Road</b>   |                 | Street Address <b>396 Yawgoo Valley Road</b>  |                        |                           |                  |
| City <b>Carolina</b>   | State <b>RI</b> | Zip <b>02812</b>  | City <b>Exeter</b>     | State <b>RI</b>           | Zip <b>02822</b> |
| Secretary Name <b>Kristen Castrataro</b>   |                 | Treasurer Name <b>Kristen Castrataro</b>  |                        |                           |                  |
| Street Address <b>240 Richmond Townhouse Road</b>  |                 | Street Address <b>240 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<br><b>Heidi A. Quinn</b>   |                 |   |                        | Date<br><b>10/23/2023</b> |                  |
| Signature of Officer/Authorized Representative<br>  |                 |   |                        | <b>FILED</b>              |                  |

**APR 29 2024**  
**BY JXVW 3:45**