



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 156061		2. Exact name of the Corporation RHODE ISLAND HORTICULTURAL SOCIETY			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To organize and maintain a horticultural organization, for purposes: of instructing and informing member and non-members on gardening, plants and other horticulture related matters.			
5. Principal office address 130 Gano Street		City Providence	State RI	Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Maury A. Ryan			Vice-President Name Charles Carberry		
Street Address 600 Cole Farm Road A-2			Street Address 6 Teal Pond Road		
City Warwick	State RI	Zip 02889	City Narragansett	State RI	Zip 02882
Secretary Name Leonor Glancy			Treasurer Name		
Street Address 36 Oakland Drive			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Maury A. Ryan			Director Name Charles Carberry		
Street Address 600 Cole Farm Road A-2			Street Address 6 Teal Pond Road		
City Warwick	State RI	Zip 02889	City Narragansett	State RI	Zip 02882
Director Name Leonor Glancy			Director Name		
Street Address 36 Oakland Drive			Street Address		
City Warwick	State RI	Zip 02893	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 21 2012

By MNC

Ch #166

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.

Maury A. Ryan 6/19/2012
 Signature of Officer Date

Maury A. Ryan

Print or Type Name of Officer

President

Title of Officer