



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 26619		2. Exact name of the Corporation Apple Blossom Garden Club			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non-Profit Community based garden club which performs civic functions			
5. Principal office address 14 Maplecrest Drive			City Greenville	State RI	Zip 02828
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rebecca Rothwell			Vice-President Name Kristina Michele		
Street Address 176 Mountindale Road			Street Address 14 Maplecrest Drive		
City Smithfield	State RI	Zip 02917	City Greenville	State RI	Zip 02828
Secretary Name Maureen Benoit			Treasurer Name Patricia Izbicki		
Street Address 28 Ridge Hill Road			Street Address 5800 Flat River Road		
City North Smithfield	State RI	Zip 02896	City Greene	State RI	Zip 02827
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 Ruth Mansi			Director Name Helen Cadorette		
Street Address 14 Maplecrest Drive			Street Address 41 Billington Avenue		
City Greenville	State RI	Zip 02828	City South Kingstown	State RI	Zip 02879
Director Name Janet Francis			Director Name Katherine Simonsen		
Street Address 19 Walter Carey Road			Street Address 46 Maplecrest Drive		
City Esmond	State RI	Zip 02917	City Greenville	State RI	Zip 02828
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

FILED

JUN 06 2014

Patricia Izbicki
 Signature of Officer or Authorized Representative

6-4-2014

Date

Patricia Izbicki, Treasurer

Print or Type Name of Officer or Authorized Representative

BY *1210*