



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. <b>26619</b>		2. Exact name of the Corporation <b>Apple Blossom Garden Club</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Non-Profit Community based garden club which performs civic functions</b>			
5. Principal office address <b>14 Maplecrest Drive</b>		City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Rebecca Rothwell</b>		Vice-President Name <b>Kristina Michele</b>			
Street Address <b>176 Mountindale Road</b>		Street Address <b>14 Maplecrest Drive</b>			
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
Secretary Name <b>Maureen Benoit</b>		Treasurer Name <b>Patricia Izbicki</b>			
Street Address <b>28 Ridge Hill Road</b>		Street Address <b>5800 Flat River Road</b>			
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>Greene</b>	State <b>RI</b>	Zip <b>02827</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Ruth Mansi</b>		Director Name <b>Helen Cadorette</b>			
Street Address <b>14 Maplecrest Drive</b>		Street Address <b>41 Billington Avenue</b>			
City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>Janet Francis</b>		Director Name <b>Katherine Simonsen</b>			
Street Address <b>19 Walter Carey Road</b>		Street Address <b>46 Maplecrest Drive</b>			
City <b>Esmond</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Greenville</b>	State <b>RI</b>	Zip <b>02828</b>
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

BY **1210**

*Patricia Izbicki*  
Signature of Officer or Authorized Representative

6-4-2014

Date

**Patricia Izbicki, Treasurer**

Print or Type Name of Officer or Authorized Representative