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 2015

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.	2. Exact name of the Corporation
162362	Arbutus Garden Club
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: To promote, encourage + educate members in all phases of Horticulture through programs, workshops, shows, scholarships + civic activities planned + carried out in members' communities

5. Principal office address	City	State	Zip
201 Klondike Road	Charlestown	RI	02813-2600

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Margaret Sheehan	Catherine Swaby
Street Address: 66 Holly Road	Street Address: 137 Southern Way
City: Wakefield; State: RI; Zip: 02879	City: Charlestown; State: RI; Zip: 02813
Secretary Name: Christine Fonnemann	**Treasurer Name:** Cassandra Crandall
Street Address: 15 Pinkham Road	Street Address: 201 Klondike Road
City: Westerly; State: RI; Zip: 02891	City: Charlestown; State: RI; Zip: 02813

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Priscilla Purinton	Carol Jean Plunkett
Street Address: 129 Queens River Drive	Street Address: 43 Hoxsie Avenue
City: West Kingston; State: RI; Zip: 02892	City: Charlestown; State: RI; Zip: 02813
Director Name: Alice Greene	**Director Name:** —
Street Address: PO Box 210	Street Address: —
City: Charlestown; State: RI; Zip: 02813	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, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____

FILED
JUN 17 2015
BY 1999

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.

Cassandra E Crandall 6/14/15
Signature of Officer or Authorized Representative — Date

Cassandra E Crandall, Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014