



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. <u>30096</u>		2. Exact name of the Corporation <u>THE RHODE ISLAND FEDERATION OF GARDEN CLUBS, INC</u>	
3. State of Incorporation <u>RI</u> <u>1957</u>		4. Brief description of the character of business conducted in Rhode Island <u>EDUCATIONAL AND COMMUNITY BEAUTIFICATION OF PUBLIC SPACES.</u>	
5. Principal office address <u>15 KENSINGTON RD</u>		City <u>CRANSTON</u>	State <u>RI</u> Zip <u>02905</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>CATHY MOORE</u>		Vice-President Name <u>ANN HUNTOON</u>	
Street Address <u>11 POPOW RD</u>		Street Address <u>P.O. BOX 208</u>	
City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>HOPE</u> State <u>RI</u> Zip <u>02831</u>
Secretary Name <u>LISA POLLACK</u>		Treasurer Name <u>BERNIE LARIVEE</u>	
Street Address <u>60 WILD ACRES RD.</u>		Street Address <u>15 KENSINGTON RD.</u>	
City <u>N. ATTLEBORO</u>	State <u>MA</u>	Zip <u>02760</u>	City <u>CRANSTON</u> State <u>RI</u> Zip <u>02905</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>VERA BOWEN</u>		Director Name <u>BERNIE LARIVEE</u>	
Street Address <u>11 DOLLY DR.</u>		Street Address <u>15 KENSINGTON RD.</u>	
City <u>BRISTOL</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>CRANSTON</u> State <u>RI</u> Zip <u>02905</u>
Director Name <u>SANDY TINYK</u>		Director Name	
Street Address <u>7 NORTH LAKE</u>		Street Address	
City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>	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:
FOR SECRETARY OF STATE USE ONLY

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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.

Bernard Larivee 2-21-16
Signature of Officer or Authorized Representative Date

Bernard "Bernie" Larivee
Print or Type Name of Officer or Authorized Representative

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