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
30096	THE RHODE ISLAND FEDERATION OF GARDEN CLUBS, INC
3. State of Incorporation: RI ~~1957~~	4. Brief description of the character of business conducted in Rhode Island: EDUCATIONAL AND COMMUNITY BEAUTIFICATION OF PUBLIC SPACES.

5. Principal office address	City	State	Zip
15 KENSINGTON, RD	CRANSTON	RI	02905

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

President Name	Street Address	City	State	Zip
CATHY MOORE	11 POPON RD	WESTERLY	RI	02891

Vice-President Name	Street Address	City	State	Zip
ANN HUNTOON	P.O. BOX 208	HOPE	RI	02831

Secretary Name	Street Address	City	State	Zip
LISA POLLACK	60 WILD ACRES RD.	N. ATHLEBORO	MA	02760

Treasurer Name	Street Address	City	State	Zip
BERNIE LARIVEE	15 KENSINGTON RD.	CRANSTON	RI	02905

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

Director Name	Street Address	City	State	Zip
VERA BOWEN	11 DOLLY DR.	BRISTOL	RI	02809

Director Name	Street Address	City	State	Zip
BERNIE LARIVEE	15 KENSINGTON RD.	CRANSTON	RI	02905

Director Name	Street Address	City	State	Zip
SANDY TINYK	7 NORTH LANE	BARRINGTON	RI	02806

Director Name	Street Address	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

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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

Form No. 631
Revised: 04/2014