



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
27058		BARRINGTON GARDEN CLUB			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		To promote garden interest, education and civic beautification			
5. Principal Office Address		City	State	Zip	
PO Box 276		Barrington	RI	02806	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Katie Wardlaw			Vice-President Name Cynthia Johnson		
Street Address 387 Wayland Avenue			Street Address 139 County Road		
City Providence	State RI	Zip 02906	City Barrington	State RI	Zip 02806
Secretary Name Allison Mercer			Treasurer Name Barb Masterson		
Street Address 5 Donald Ross Road			Street Address 7 Echo Drive		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Pattie Mitchell			Director Name Jeanne Nugent		
Street Address 14 Griswold Avenue			Street Address 4 Spindrift Way		
City Bristol	State RI	Zip 02809	City Barrington	State RI	Zip 02806
Director Name Blakely Szosz			Director Name Darcy Scott		
Street Address 39 Salisbury Road			Street Address 7 Lafayette Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Cynthia A. Johnson, Treasurer				Date 5/16/16	
Signature of Officer/Authorized Representative <i>Cynthia A. Johnson, Treasurer</i>					

FILED

MAY 19 2016

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