



**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 162362		2. Exact name of the Corporation ARBUTUS GARDEN CLUB	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island <i>To encourage an intelligent + practical knowledge of horticulture within our communities</i>	
5. Principal Office Address 201 Klondike Road		City Charlestown	State RI
		Zip 02813-2600	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Priscilla Purinton		Vice-President Name Catherine Swanby	
Street Address 129 Queens River Drive		Street Address 137 Southern Way	
City West Kingston	State RI	Zip 02892	City Charlestown
			State RI
			Zip 02813
Secretary Name Alice Greene		Treasurer Name Cassandra Crandall	
Street Address PO Box 210		Street Address 201 Klondike Road	
City Charlestown	State RI	Zip 02813	City Charlestown
			State RI
			Zip 02813
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 MARGARET HANBON		Director Name Sheryl Drude	
Street Address 29 Dendron Road		Street Address 71 Essex Drive	
City Peace Dale	State RI	Zip 02879	City Charlestown
			State RI
			Zip 02813
Director Name CAROL JEAN PLUNKETT		Director Name Paula Theroux	
Street Address 43 Hoxsie Avenue		Street Address PO Box 1749	
City Charlestown	State RI	Zip 02813	City Charlestown
			State RI
			Zip 02813
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 CASSANDRA E CRANDALL, Treasurer			Date 6/16/16
Signature of Officer/Authorized Representative Cassandra E Crandall SIGN DOCUMENT HERE			

FILED
JUN 20 2016
BY 2009 DS