



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2016 DEC -2 AM 10: 52

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 29644		2. Exact name of the Corporation The Perennial Planters Garden Club, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Association for the study of horticulture and civic improvement			
5. Principal Office Address 45 Pojac Point Road		City Providence North Kingstown		State RI	Zip 02852-02906
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane O'Farrell			Vice-President Name Kate Richardson		
Street Address 16 Adelphi Avenue			Street Address 156 Old Succotash Road		
City Providence	State RI	Zip 02916	City Wakefield	State RI	Zip 02879
Secretary Name Katherine Touafek			Treasurer Name Marshall Lawson		
Street Address 39 Driftwood Lane			Street Address 45 Pojac Point Road		
City Harwich	State MA	Zip	City North Kingstown	State RI	Zip 02852
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 Dorothy Davison			Director Name Kathleen Leddy		
Street Address 55 Cottrell Road			Street Address 44 Prospect Street		
City Saunderstown	State RI	Zip 02874	City Seekonk	State MA	Zip 02771
Director Name Robin Gross			Director Name		
Street Address 81 Catlin Avenue			Street Address		
City Rumford	State RI	Zip 02916	City	State	Zip
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 Marshall Lawson				Date 12/3/2016	
Signature of Officer/Authorized Representative <i>Marshall Lawson</i>					

FILED ✓

DEC 02 2016

BY CU 289894

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016