RI SOS Filing Number: 201746945820 Date: 6/30/2017 4:00:00 PM

State of Rhode Island an Department of State	ate - Busines	ss Services D	ivision			
Annual Report for the year lon-Profit Corporation	201	<u>+</u>				
→ Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee	f form is not filed b	y July 30.				
1. Entity ID Number	2. Exact name of the Corporation					
29644	The Perennial Planters Garden Club, Inc					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Association for the study of horticulture and civic improvement.					
4. NAICS Code	┪					
813312 - Environment, Conser	,					
6. Principal Office Address			City	State	Zip	
PO Box 603146			Providence	RI	02906	
7. List ALL officers (names and a	ddresses)		Ch	eck the box to indicate	an attachment	
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	<sup>Zip</sup> 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 N. Kingstown	State RI	<sup>Zip</sup> <b>02852</b>	
8. List ALL directors (names and	addresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indic	ate an attachment	
Director Name Dorothy Davison			Director Name Kathleen Leddy			
Street Address 55 Cottrell Road			Street Address 44 Prospect Street			
City Saunderstown	State RI	<sup>Zip</sup> 02874	City Seekonk	State MA	<sup>Zip</sup> 02771	
Director Name Robin Gross			Director Name			
Street Address 81 Catlin Avenue			Street Address			
City Rumford	State RI	Zip 02916	City	State	Zip	
9. Registered Agent in Rhode Isi	and. This informati	on is currently of rec	ord in the Department of State. Cha	nges require filing Form 6	41.	
Under penalty of perjury, I dec statements, and that all staten	lare and affirm t	hat I have examin	ed this report, including any	accompanying sched	ules and	
This report must be signed by either the F	President, Vice-Preside	nt, Secretary, Assistant	Secretary, Treasurer, duly Authorized Re	epresentative, Receiver or Tru	stee.	
Name of Officer/Authorized Representative				Date	Date	
Marshall Lawson				June 28, 20	17	
Signature of Officer/Authorized F	Representative	-				
Marshalls	Lours	CNA				

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 3 0 2017

3174