



Department of State - Business Services Division

FILED

JUN 18 2018

BY

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Annual Report for the year: **2018**

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 1666595		2. Exact name of the Corporation Western Cranston Garden Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Garden club dedicated to the development of gardening as an education and charitable service organization.			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address 50 Derbyshire Drive		City Cranston		State RI	Zip 02921
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Debra McCartin			Vice-President Name Debbi Viau		
Street Address 67 Belgium St			Street Address 96 Sweetbriar Dr		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name NONE			Treasurer Name Odette Turenne		
Street Address			Street Address 99 Castleton Dr		
City	State	Zip	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Tina Pagano			Director Name Patricia Yearwood		
Street Address 90 Chatham Rd			Street Address 328 Country View Dr		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02885
Director Name Kathy Cyr			Director Name NONE		
Street Address 50 Derbyshire Dr			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
9. 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 Kathy Cyr				Date June 15, 2018	
Signature of Officer/Authorized Representative <i>Kathy Cyr</i> SIGN DOCUMENT HERE					