



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

FILED

JUN 20 2019

BY

2254 DS

Annual Report for the year:
 Non-Profit Corporation

2019

- 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 000162362		2. Exact name of the Corporation Arbutus GARDEN Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island GARDEN club devoted to education in areas of horticulture and natural resources.			
4. NAICS Code 813410					
6. Principal Office Address 201 Klondike Road		City Charlestown	State RI	Zip 02813	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANNE LANDRY			Vice-President Name EMILY LEFARD		
Street Address 85 THIRD STREET			Street Address PO BOX 1642		
City Charlestown	State RI	Zip 02813	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
8. 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 GERI COLBY			Director Name ARLENE ARNOLD		
Street Address 1 Old Meadow Lane			Street Address 141 Little Pond Road		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
Director Name MARY PHILLIPS			Director Name _____		
Street Address 204 JUNIPER ROAD			Street Address _____		
City South Kingstown	State RI	Zip 02879	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 CASSANDRA E CRANDALL, TREASURER				Date 6/18/19	
Signature of Officer/Authorized Representative <i>CASSANDRA E CRANDALL</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov