RI SOS Filing Number: 202044030900 Date: 6/29/2020 4:00:00 PM

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

Annual Report for the year: 2020
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.

FILED
JUN 29 2020
BY

1. Entity ID Number	2. Exact name of the Corporation
000027040	Jamestown Garden Club
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To promote knowledge and love of gardening, encourage cultivation of gardening plus public and community projects as well as education and to protect the natural beauties of Conanicut Island
4. NAICS Code: 813410	

6. Principal Office Address	City	State	Zip
PO Box 178	Jamestown	RI	02835

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Elizabeth (Betsy) Moody			Vice-President Name: Emily Boenning		
Street Address: 9 Conanicus Avenue			Street Address: 38 Marine Avenue		
City: Jamestown	State: RI	Zip: 02835	City: Jamestown	State: RI	Zip: 02835
Secretary Name: Dona Gibbs			Treasurer Name: Beatrice (Polly) Hutcheson		
Street Address: 60 Intrepid Lane			Street Address: 75 Bay View Drive		
City: Jamestown	State: RI	Zip: 02835	City: Jamestown	State: RI	Zip: 02835

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Candace Powell			Director Name: Jane Bentley		
Street Address: 38 Mt. Hope Avenue			Street Address: 70 Mt. Hope Avenue		
City: Jamestown	State: RI	Zip: 02835	City: Jamestown	State: RI	Zip: 02835
Director Name: Mary Gregory			Director Name: Mary Hutchinson		
Street Address: 1 Meadow Lane			Street Address: 21 Hamilton Avenue		
City: Jamestown	State: RI	Zip: 02835	City: Jamestown	State: RI	Zip: 02835

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Elizabeth Moody	06-26-2020

Signature of Officer/Authorized Representative: Elizabeth S. Moody

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: 06/2019