



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
 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.

JUN 24 2021
 BY 1043
[Signature]

| | | | | | |
|--|--------------------|---|--|--------------------|------------------------------|
| 1. Entity ID Number 104765 | | 2. Exact name of the Corporation Rhode Island Rose Society | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island To study, foster and encourage the culture of roses, including the exhibition, thereof. | | | |
| 4. NAICS Code 999999 | | | | | |
| 6. Principal Office Address 64 Forbes St. | | | City East Providence | State RI | Zip 02915 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Lynne Harrington | | | Vice-President Name Montine Ross | | |
| Street Address 50 Taft St. | | | Street Address 52 Stage Coach Rd. | | |
| City Cranston | State RI | Zip 02905 | City Portsmouth | State RI | Zip 02871 |
| Secretary Name Alice Thomas | | | Treasurer Name Angelina Chute | | |
| Street Address 18 Algonquin Dr. | | | Street Address 64 Forbes St. | | |
| City Middletown | State RI | Zip 02842 | City East Providence | State RI | Zip 02915 |
| 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 Michael Chute | | | Director Name Patsy Cunningham | | |
| Street Address 64 Forbes St. | | | Street Address 54 Mt. Vernon Blvd. | | |
| City East Providence | State RI | Zip 02915 | City Pawtucket | State RI | Zip 02861 |
| Director Name Angelina Chute | | | Director Name | | |
| Street Address 64 Forbes St. | | | Street Address | | |
| City East Providence | State RI | Zip 02915 | City | State | Zip |
| 9. The Registered Agent information of record with the RI Department of State is accurate. 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | | | |
| Name of Officer/Authorized Representative Angelina Chute, Treasurer | | | | | Date June 21, 2021 |
| Signature of Officer/Authorized Representative <u>Angelina Chute</u> | | | | | |