



State of Rhode Island and Providence Plantations
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 28 2021

BY 8107

| | | | |
|--|-----------------|--|--------------------|
| 1. Entity ID Number 000027040 | | 2. Exact name of the Corporation Jamestown Garden Club | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island To stimulate the knowledge and love of gardening; to encourage cultivation of gardens in public planting and to protect the natural beautiesPOs of Conanicut Island. | |
| 4. NAICS Code 813410 | | | |
| 6. Principal Office Address PO Box 178 | | City Jamestown | State RI |
| | | Zip 02835 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Emily Boenning | | Vice-President Name Mary Hutchinson | |
| Street Address 38 Marine Avenue | | Street Address 21 Hamilton Avenue | |
| City Jamestown | State RI | City Jamestown | State RI |
| Zip 02835 | | Zip 02835 | |
| Secretary Name Deborah Wadsworth | | Treasurer Name Polly Hutcheson | |
| Street Address 17 Conanicut Avenue | | Street Address 75 Bay View Drive | |
| City Jamestown | State RI | City Jamestown | State RI |
| Zip 02835 | | Zip 02835 | |
| 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 Wendy Ross | | Director Name Jane Bentley | |
| Street Address 1026 East Shore Road | | Street Address 70 Mt. Hope Avenue | |
| City Jamestown | State RI | City Jamestown | State RI |
| Zip 02835 | | Zip 02835 | |
| Director Name Jane Lippincott | | Director Name | |
| Street Address PO Box 194 | | Street Address | |
| City Jamestown | State RI | City | State |
| Zip 02835 | | 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. | | | |
| 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 Emily Boenning | | Date 6-24-2021 | |
| Signature of Officer/Authorized Representative <i>Emily L Boenning</i> | | | |

MAIL TO:
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