



Department of State - Business Services Division

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

FILED

JUL 02 2021

BY 382

1. Entity ID Number 000030096		2. Exact name of the Corporation The Rhode Island Federation of Garden Clubs, Inc.									
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-profit organization focused on horticulture education									
4. NAICS Code 813312 - Environment, Conserva:											
6. Principal Office Address 3 River Meadow Drive				City Hope Valley		State RI		Zip 02832			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Sheryl Hanson McGookin				Vice-President Name Judy Gray							
Street Address 3 River Meadow Drive				Street Address 162 3rd Avenue							
City Hope Valley		State RI		Zip 02832		City Cranston		State RI		Zip 02910	
Secretary Name Kathy Bessette				Treasurer Name Paul B. Nunes							
Street Address 20 Kirk Drive				Street Address 920 County Street							
City Pawtucket		State RI		Zip 02861		City Seekonk		State MA		Zip 02771	
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 Sheryl Hanson McGookin				Director Name Paul B. Nunes							
Street Address 3 River Meadow Drive				Street Address 920 County Street							
City Hope Valley		State RI		Zip 02832		City Seekonk		State MA		Zip 02771	
Director Name Deborah Ort				Director Name							
Street Address 67 Maple Avenue				Street Address							
City Little Compton		State RI		Zip 02837		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.											
<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 Paul B. Nunes									Date June 29, 2021		
Signature of Officer/Authorized Representative 											