



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

JUL 02 2021

BY SL 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 					

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