



State of Rhode Island  
**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: AL1067

1. Entity ID Number <b>809934</b>		2. Exact name of the Corporation <b>Garden Time, Inc.</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Create and foster gardening programs for incarcerated men and women			
4. NAICS Code 624310 - Vocational Rehabilitatio					
6. Principal Office Address 286 Rochambeau Avenue			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Vera Bowen			Vice-President Name Robert Rafka		
Street Address 11 Dolly Drive			Street Address 455 Taugwonk Road		
City Bristol	State RI	Zip 02809	City Stonington	State CT	Zip 06378
Secretary Name Katharine Lacouture			Treasurer Name Vera Bowen		
Street Address 286 Rochambeau Avenue			Street Address 11 Dolly Drive		
City Providence	State RI	Zip 02906	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name Vera Bowen			Director Name Katharine Lacouture		
Street Address 11 Dolly Drive			Street Address 286 Rochambeau Avenue		
City Bristol	State RI	Zip 02809	City Providence	State RI	Zip 02906
Director Name Gerard Donley			Director Name Robert Rafka		
Street Address 50 Betsey Williams Drive			Street Address 455 Taugwonk Road		
City Cranston	State RI	Zip 02905	City Stonington	State CT	Zip 06378
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 Katharine Lacouture				Date 6/27/21	
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

**Garden Time Inc.**

**Board of Directors (continued)**

Stephanie Moniz  
8 Maple Ave. Apt. 3  
North Providence RI 02911