



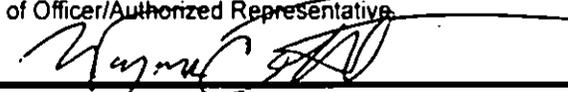
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2022 AUG 10 P 3:03

1. Entity ID Number 001725812		2. Exact name of the Corporation Pettaquamscutt Community Gardens			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide food and agricultural education in indigenous agricultural techniques to underserved and at-risk BIPOC communities			
4. NAICS Code 813319 - Other Social Advoc <input type="checkbox"/>					
6. Principal Office Address 2030 Kingstown Road			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Wayne Everett			Vice-President Name Harold F. Smith, Jr.		
Street Address 2030 Kingstown Road			Street Address 2030 Kingstown Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Harold F. Smith, Jr.			Treasurer Name		
Street Address 2030 Kingstown Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
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 Irving Johnson			Director Name Alan Sampson		
Street Address P.O Box 3352 16 Ann Wampey Dr			Street Address 2030 Kingstown Rd		
City Mashantucket	State CT	Zip 06338	City Wakefield	State RI	Zip 02879
Director Name Wayne Everett			Director Name Harold F. Smith, Jr.		
Street Address 2030 Kingstown Road			Street Address 2030 Kingstown Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Wayne Everett				Date 08/09/2022	
Signature of Officer/Authorized Representative 				FILED	

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

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