



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

FEB 15 2023
 BY 1042
 RJ

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

1. Entity ID Number 128191		2. Exact name of the Corporation Garden Foundation of Rhode Island, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote gardening practices, to raise and manage funds in order to support horticulture programs in the State of Rhode Island and surrounding communities.			
4. NAICS Code 813312 - Environment, Conse					
6. Principal Office Address P.O. Box 1515		City Kingston	State RI	Zip 02881	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Garry Holmstrom			Vice-President Name Sharon Iannuccilli		
Street Address 341 Hope Street			Street Address 982 Frenchtown Road		
City Bristol	State RI	Zip 02809	City East Greenwich	State RI	Zip 02818
Secretary Name Rudolph Hempte			Treasurer Name Gail T Woodward		
Street Address 20 Foddering Farm Road			Street Address 30 Prospect Avenue		
City Narragansett	State RI	Zip 02882	City Coventry	State RI	Zip 02816
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 Earle Perkins			Director Name John N Peacock		
Street Address 170 Hunt Avenue			Street Address 18 Aubin Street		
City Wakefield	State RI	Zip 02879	City Seekonk	State MA	Zip 02771
Director Name Margaret O'Farrell			Director Name Ednor Larson		
Street Address 120 Wickham Road			Street Address 10 Maplecrest Drive		
City North Kingstown	State RI	Zip 02852	City Greenville	State RI	Zip 02828
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 Gail T. Woodward				Date 2/11/2023	
Signature of Officer/Authorized Representative <i>Gail T. Woodward</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov