



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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.

2023 JUN 23 A 11 41

1. Entity ID Number <u>00121648</u>		2. Exact name of the Corporation <u>BRISTOL Garden Club</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Promote knowledge of gardening for gardening activities that are educational and charitable</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>11 Dolly Dr</u>		City <u>BRISTOL</u>	State <u>RI</u> Zip <u>02809</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Pamela Delaney</u>		Vice-President Name <u>Gail Burmeister</u>	
Street Address <u>328 High St</u>		Street Address <u>99 State St</u>	
City <u>BRISTOL</u>	State <u>RI</u>	City <u>BRISTOL</u>	State <u>RI</u> Zip <u>02809</u>
Secretary Name <u>Linda Sheehan</u>		Treasurer Name <u>VERA Bowen</u>	
Street Address <u>33 Peckham Place</u>		Street Address <u>11 Dolly Dr</u>	
City <u>BRISTOL</u>	State <u>RI</u>	City <u>BRISTOL</u>	State <u>RI</u> Zip <u>02809</u>
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 <u>VERA Bowen</u>		Director Name <u>Linda Sheehan</u>	
Street Address <u>11 Dolly Dr</u>		Street Address <u>33 Peckham Pl</u>	
City <u>BRISTOL</u>	State <u>RI</u>	City <u>BRISTOL</u>	State <u>RI</u> Zip <u>02809</u>
Director Name <u>Pamela Bishop</u>		Director Name <u>Carol Botelho</u>	
Street Address <u>66 Franklin St</u>		Street Address <u>69 Oliver St</u>	
City <u>BRISTOL</u>	State <u>RI</u>	City <u>BRISTOL</u>	State <u>RI</u> Zip <u>02809</u>
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>VERA Bowen</u>			Date <u>6/22/2023</u>
Signature of Officer/Authorized Representative <u>Vera Bowen</u>			FILED

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

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BY KBDG9
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