



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020  
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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1. Entity ID Number <b>00121648</b>		2. Exact name of the Corporation <b>BRISTOL Garden Club</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Promote knowledge of gardening for gardening activities that are educational and charitable</b>	
4. NAICS Code <b>813410</b>			
6. Principal Office Address <b>11 Dolly Dr</b>		City <b>BRISTOL</b>	State <b>RI</b>
		Zip <b>02809</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Pamela Delaney</b>		Vice-President Name <b>Gail Burmeister</b>	
Street Address <b>328 High St</b>		Street Address <b>99 State St</b>	
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>
			State <b>RI</b>
			Zip <b>02809</b>
Secretary Name <b>Linda Sheehan</b>		Treasurer Name <b>VERA Bowen</b>	
Street Address <b>33 Peckham Place</b>		Street Address <b>11 Dolly Dr</b>	
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>
			State <b>RI</b>
			Zip <b>02809</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>VERA Bowen</b>		Director Name <b>Linda Sheehan</b>	
Street Address <b>11 Dolly Dr</b>		Street Address <b>33 Peckham Pl</b>	
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>
			State <b>RI</b>
			Zip <b>02809</b>
Director Name <b>Pamela Bishop</b>		Director Name <b>CAROL Botelho</b>	
Street Address <b>66 Franklin St</b>		Street Address <b>69 Oliver St</b>	
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>BRISTOL</b>
			State <b>RI</b>
			Zip <b>02809</b>
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>			
<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 <b>VERA Bowen</b>			Date <b>6/23/23</b>
Signature of Officer/Authorized Representative <b>Vera Bowen</b>			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

JUN 23 2023  
BY **N. KBDG9**  
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