



State of Rhode Island

Department of State - Business Services Division

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RI DEPT OF STATE

Annual Report for the year: 2017
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 38

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

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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FORM 631- Revised 04/2023