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 COTIZIBLE BRISTOL GARDEN. The mole knowledge of gardening 4. NAICS Code For gardening activity that ave educations of the character of business conducted in Rhode Island Fremole knowledge of gardening 4. NAICS Code For gardening activity that ave educations of the Corporation For gardening activity that ave educations of the Character of business conducted in Rhode Island Fresident State Incorporation For gardening activity that ave educations of the Character of business conducted in Rhode Island Fresident of the Corporation of the Corporation of the Character of business conducted in Rhode Island Fresident of the Corporation of the Corporation of the Character of business conducted in Rhode Island Fresident of the Corporation of the Corporation of the Character of business conducted in Rhode Island Fresident of the Character of business conducted in Rhode Island Fresident of the Corporation of the Character of business conducted in Rhode Island Fresident Name Analysis and Education of the Character of business conducted in Rhode Island Fresident Name Analysis and Education of Character of business conducted in Rhode Island Fresident Name Analysis and Education of Character of business conducted in Rhode Island Fresident Name Analysis and Education of Character of business conducted in Rhode Island Fresident Name Analysis and Education of Character of business conducted in Rhode Island Fresident Name Analysis and Education of Character of business conducted in Rhode Island Fresident Name Analysis and Education of Character of business conducted in Rhode Island Fresident Name Analysis and Education R	Department of State - Business Services Division						
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3. State of Incorporation RI A NAICS Code For garclening activity that ave Educational and Charingble 6. Principal Office Address I) Dolly De 7. List All Officers (pames and addresses) President Name President Name Capper Steet Address Street Address B. List All directors (names and addresses) R. List All directors (names and addresses) Street Address Street Address Street Address B. List All directors (names and addresses) R. List All directors (names and addresses) Street Address Str							
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6. Principal Office Address 6. Principal Office Address 7. List ALL Officers (hames and addresses) 8. City State Zip 7. List ALL Officers (hames and addresses) 9. Check the box to indicate an attachment Vice-Prepient Name Panela Delaney 9. Street Address 9. High State 10. Sta	4. NAICS Code						
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Street Address	Secretary name			THEASURE NAME 3 /			
City BRISEL State TOSSO 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment Director Name VERA BOWEN Street Address Street Address Director Name PARISEL State TOSSO Street Address	Street Address			Street Address)			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name ERA Boven Director Name ERA Boven Director Name Director Name Street Address Street Address State Zip Zoo City Brisk Rt Zip Zoo Director Name		~	2659d	CINBRISHL	State P I	₹828°9	
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Street Address Street Address Street Address Street Address Street Address Street Address State City Brisk State RT State RT State RT O2867 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filling 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 FILED State Zip O2867 State RT St	Director Namer 1 1			Director Name AROL Botelho			
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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 Date ERA Bowen Signature of Officer/Authorized Representative FILED					uire filing Form 64		
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 Date Columbia Colu	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and						
VERA BOWEN Signature of Officer/Authorized Representative FILED FILED					ntative, Receiver or Tr	ustee.	
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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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FORM 631- Revised 04/2023