



State of Rhode Island
Department of State - Business Services Division

RECEIVED
R.I. DEPARTMENT OF STATE

Annual Report for the year: 2017
Non-Profit Corporation

2023 JUN 23 A 11 38

- 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 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	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name Linda Sheehan			Treasurer Name VERA Bowen		
Street Address 33 Peckham Place			Street Address 11 Dolly Dr		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	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	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name Pamela Bishop			Director Name CAROL Botelho		
Street Address 66 Franklin St			Street Address 69 Olive St		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUN 23 2023

BY KBDG-9 FORM 631- Revised 04/2023
11:40