



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JUN 29 2023

BY 2115 OS

1. Entity ID Number <u>104765</u>		2. Exact name of the Corporation <u>Rhode Island Rose Society</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To study, foster and encourage the culture of roses, including the exhibition, thereof.</u>	
4. NAICS Code <u>999999</u>			
6. Principal Office Address <u>64 Forbes St.</u>		City <u>East Providence</u>	State <u>RI</u> Zip <u>02915</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Mentine Ross</u>		Vice-President Name <u>Elissa Della-Piana</u>	
Street Address <u>52 Stage Coach Rd.</u>		Street Address <u>16 Hammond St.</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
Secretary Name <u>Alice Thomas</u>		Treasurer Name <u>Angelina Chute</u>	
Street Address <u>18 Algonquin Dr.</u>		Street Address <u>64 Forbes St.</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>East Providence</u>	State <u>RI</u> Zip <u>02915</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Michael Chute</u>		Director Name <u>Patsy Cunningham</u>	
Street Address <u>64 Forbes St.</u>		Street Address <u>54 Mt. Vernon Blvd.</u>	
City <u>East Providence</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02861</u>
Director Name <u>Angelina Chute</u>		Director Name	
Street Address <u>64 Forbes St.</u>		Street Address	
City <u>East Providence</u>	State <u>RI</u>	City	State Zip
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>Angelina Chute, Treasurer</u>			Date <u>March 21, 2023</u>
Signature of Officer/Authorized Representative <u>Angelina Chute</u>			

## MAIL TO:

Division of Business Services  
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