



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

FEB 06 2024

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.

1920

or

1. Entity ID Number 001739607		2. Exact name of the Corporation Cindy-Wood Garden Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The mission of the CWGC is to stimulate the knowledge and love of gardening, to aid in the protection of native trees, plants, birds and the environment through programs and actions through education.			
4. NAICS Code 813410					
6. Principal Office Address 30 Stone Ridge Drive			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Jane L Shaw			Vice-President Name Benita Petres		
Street Address 30 Stone Ridge Drive			Street Address 105 River Farm Drive		
City East Greenwich	State RI	Zip 02818	City W Warwick	State RI	Zip 02893
Secretary Name Janice Triggiano			Treasurer Name Vicky Pierce		
Street Address 220 Butternut Dr			Street Address 133 Silverwood Drive		
City N Kingston	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name -- Suzanne Wild			Director Name -- Victoria Pierce		
Street Address St. Cliff Rd			Street Address 133 Silverwood Dr		
City	State	Zip	City	State	Zip
Director Name -- Deborah Lukens			Director Name		
Street Address 31 Reynolds St			Street Address		
City East Green.	State RI	Zip 02909	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 JANE L. Shaw					Date 1-27-2024
Signature of Officer/Authorized Representative Jane L Shaw					

MAIL TO:
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Website: www.sos.ri.gov