



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

FEB 06 2024 STAMP
2431
SECRETARY OF STATE
USA RI

- 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 000162362		2. Exact name of the Corporation Arbutus Garden Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A community non-profit organization that encourages a practical knowledge of horticulture			
4. NAICS Code 813410					
6. Principal Office Address c/o Cassandra Crandall, 201 Klondike Rd			City Charlestown	State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elaine Hovey			Vice-President Name Mary Lauzon		
Street Address 206 Ram Island Road			Street Address PO Box 329		
City Charlestown	State RI	Zip 0453202 02813	City Charlestown	State RI	Zip 02813
Secretary Name Fredrica Anderson			Treasurer Name Cassandra Crandall		
Street Address 63 Cedar Rd			Street Address 201 Klondike Rd		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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 Priscilla Purinton			Director Name Sherry Drude		
Street Address 129 Queens River Dr			Street Address 71 Essex Dr		
City West Kingston	State RI	Zip 02892	City Charlestown	State RI	Zip 02813
Director Name Kate Somers			Director Name Margaret Sheehan		
Street Address PO Box 1600			Street Address 66 Holly Rd		
City Charlestown	State RI	Zip 02813	City Wakefield	State RI	Zip 02879
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 Cassandra E. Crandall				Date February 1, 2024	
Signature of Officer/Authorized Representative <i>Cassandra E. Crandall</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov