



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 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.

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1. Entity ID Number <b>001666595</b>		2. Exact name of the Corporation <b>Western Cranston Garden Club</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Garden Club dedicated to the development of gardening as an educational and charitable service organization.</b>			
4. NAICS Code <b>813312-Environment, Conservation</b>					
6. Principal Office Address <b>1310 Pippin Orchard Road</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Cheryl Celeste</b>			Vice-President Name <b>Danielle Meola</b>		
Street Address <b>90 Salem Avenue</b>			Street Address <b>64 Allard Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
Secretary Name <b>Karen Carloni</b>			Treasurer Name <b>Linda L. Alves</b>		
Street Address <b>255 Olney Arnold Road</b>			Street Address <b>1310 Pippin Orchard Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
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 N: <b>Same</b>			Director N: <b>Same</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name: <b>Same</b>			Director Name: <b>Same</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Linda L. Alves</b>				Date <b>February 9, 2024</b>	
Signature of Officer/Authorized Representative <i>Linda L. Alves</i>					

MAIL TO:  
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