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	2. Exact name of the Corporation
001666595	Western Cranston Garden Club
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Garden Club dedicated to the development of gardening as an educational and charitable service organization.
4. NAICS Code: 813312-Environment,Conservation	

6. Principal Office Address	City	State	Zip
1310 Pippin Orchard Road	Cranston	RI	02921

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Cheryl Celeste			Vice-President Name: Danielle Meola		
Street Address: 90 Salem Avenue			Street Address: 64 Allard Street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Karen Carloni			Treasurer Name: Linda L. Alves		
Street Address: 255 Olney Arnold Road			Street Address: 1310 Pippin Orchard Road		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Same			Director Name: Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name: Same			Director Name: Same		
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.

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	Date
Linda L. Alves	**February 9,2024**

Signature of Officer/Authorized Representative: Linda L. Alves

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023