



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 20 2024

BY *LP 2160*

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.

1. Entity ID Number 104765		2. Exact name of the Corporation Rhode Island Rose Society			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To study, foster and encourage the culture of roses, including the exhibition, thereof.			
4. NAICS Code 999999					
6. Principal Office Address 64 Forbes St.			City East Providence	State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Montine Ross			Vice-President Name Elissa Della-Piana		
Street Address 52 Stage Coach Rd.			Street Address 16 Hammond St.		
City Portsmouth	State RI	Zip 02871	City Providence	State RI	Zip 02909
Secretary Name Alice Thomas			Treasurer Name Angelina Chute		
Street Address 18 Algonquin Dr.			Street Address 64 Forbes St.		
City Middletown	State RI	Zip 02842	City East Providence	State RI	Zip 02915
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 Michael Chute			Director Name Patsy Cunningham		
Street Address 64 Forbes St.			Street Address 54 Mt. Vernon Blvd.		
City East Providence	State RI	Zip 02915	City Pawtucket	State RI	Zip 02861
Director Name Angelina Chute			Director Name		
Street Address 64 Forbes St.			Street Address		
City East Providence	State RI	Zip 02915	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.					
<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 Angelina Chute, Treasurer				Date Feb. 13, 2024	
Signature of Officer/Authorized Representative <i>Angelina Chute</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov