



State of Rhode Island  
Department of State - Business Services Division

FILED

FEB 20 2024  
BY *[Signature]* 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<br><b>104765</b>   |                 | 2. Exact name of the Corporation<br><b>Rhode Island Rose Society</b>  |                             |                              |                  |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>To study, foster and encourage the culture of roses, including the exhibition, thereof.</b> |                             |                              |                  |
| 4. NAICS Code<br><b>999999</b>   |                 |   |                             |                              |                  |
| 6. Principal Office Address<br><b>64 Forbes St.</b>  |                 | City<br><b>East Providence</b>  | State<br><b>RI</b>          | Zip<br><b>02915</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>Montine Ross</b>   |                 | Vice-President Name <b>Elissa Della-Piana</b>   |                             |                              |                  |
| Street Address <b>52 Stage Coach Rd.</b>   |                 | Street Address <b>16 Hammond St.</b>  |                             |                              |                  |
| City <b>Portsmouth</b>   | State <b>RI</b> | Zip <b>02871</b>  | City <b>Providence</b>      | State <b>RI</b>              | Zip <b>02909</b> |
| Secretary Name <b>Alice Thomas</b>   |                 | Treasurer Name <b>Angelina Chute</b>  |                             |                              |                  |
| Street Address <b>18 Algonquin Dr.</b>   |                 | Street Address <b>64 Forbes St.</b>   |                             |                              |                  |
| City <b>Middletown</b>   | State <b>RI</b> | Zip <b>02842</b>  | City <b>East Providence</b> | State <b>RI</b>              | Zip <b>02915</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 Name <b>Michael Chute</b>   |                 | Director Name <b>Patsy Cunningham</b>   |                             |                              |                  |
| Street Address <b>64 Forbes St.</b>  |                 | Street Address <b>54 Mt. Vernon Blvd.</b>   |                             |                              |                  |
| City <b>East Providence</b>  | State <b>RI</b> | Zip <b>02915</b>  | City <b>Pawtucket</b>       | State <b>RI</b>              | Zip <b>02861</b> |
| Director Name <b>Angelina Chute</b>  |                 | Director Name   |                             |                              |                  |
| Street Address <b>64 Forbes St.</b>  |                 | Street Address  |                             |                              |                  |
| City <b>East Providence</b>  | State <b>RI</b> | Zip <b>02915</b>  | 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<br><b>Angelina Chute, Treasurer</b>  |                 |   |                             | Date<br><b>Feb. 13, 2024</b> |                  |
| Signature of Officer/Authorized Representative<br><i>Angelina Chute</i>  |                 |   |                             |                              |                  |

MAIL TO:  
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