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State of Rhode Island
Department of State - Business Services Division

FEB 26 2024
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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 128191	2. Exact name of the Corporation Garden Foundation of RI, Inc.
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island To promote gardening practices, to raise and manage funds in order to support horticulture programs in the State of Rhode Island and surrounding communities
4. NAICS Code 813312	

6. Principal Office Address	City	State	Zip
P.O. Box 1515	Kingston	RI	02881

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

President Name Garry Holmstrom			Vice-President Name Sharon Iannuccilli		
Street Address 341 Hope Street			Street Address 982 Frenchtown Road		
City Bristol	State RI	Zip 02809	City East Greenwich	State RI	Zip 02818
Secretary Name Rudolph Hempe			Treasurer Name Gail T Woodward		
Street Address 20 Foddering Farm Road			Street Address 30 Prospect Avenue		
City Narragansett	State RI	Zip 02882	City Coventry	State RI	Zip 02816

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

Director Name Hope Avery			Director Name John N Peacock		
Street Address 19 Garfield Street			Street Address 18 Aubin Street		
City Bristol	State RI	Zip 02809	City Seekonk	State MA	Zip 02771
Director Name Ednor Larson			Director Name Nan Quinlan		
Street Address 10 Maplecrest Drive			Street Address 50 Azalea Avenue		
City Greenville	State RI	Zip 02828	City Exeter	State RI	Zip 02822

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
Gail T Woodward, Treasurer	**2/21/24**

Signature of Officer/Authorized Representative
Gail T. Woodward

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