	State of Rhode Office of the Secreta		Fee: \$20.00	
	Division Of Busines			
	148 W. River S			
	Providence RI 029			
1630	(401) 222-30	40		
Non-Profit Corporation				
Annual Report				
Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.				
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR 2	024 : <u>2024</u>		
1. Corporate ID No. 00002	26619			
2. Name of Corporation <u>APPLE BLOSSOM GARDEN CLUB</u>				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is ki	e dropdown will	
NAICS Code				
<u>813319</u>				
4. Principal Office Address				
No. and Street: 3 WOOD				
City or Town: <u>JOHNST</u>	<u>OCREST DRIVE</u> ON Stat	e: <u>RI</u> Zip: <u>02919</u>	Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
NON PROFIT COMMUNIT	TY BASED GARDEN CLU	JB WHICH PERFO	RMS CIVIC	
<u>FUNCTIONS</u>				
6. Names and Addresses of t	he Officers and Directors:			
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name	Add	ress	
1				

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KATHERINE SIMONSEN	46 MAPLECREST DRIVE GREENVILLE, RI 02828 USA
TREASURER	MARJORIE CATANZARO	3 WOODCREST DR JOHNSTON, RI 02919 USA
SECRETARY	DIANNE WILKIE	39 RED GATE ROAD CUMBERLAND, RI 02864 USA
VICE PRESIDENT	SUZANNE FERRANTE	37 HEYWOOD LANE JOHNSTON, RI 02919 USA
DIRECTOR	RUTH MANSI	14 MAPLECREST DRIVE GREENVILLE, RI 02828 USA
DIRECTOR	JANET FRANCIS	19 WALTER CAREY ROAD ESMOND, RI 02917 USA
DIRECTOR	BARBARA FLANAGAN	16 OAKHURST DRIVE GREENVILLE, RI 02828 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

RUTH MANSI 14 MAPLE CREST DRIVE GREENVILLE , RI 02828

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of March, 2024 at 7:43:00 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>MARJORIE CATANZARO</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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