



**State of Rhode Island
Department of State - Business Services Division**

REC'D RIDOS BSD
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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 1705909		2. Exact name of the Corporation The Taft Street Community Garden			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community Garden Grow veg + produce			
4. NAICS Code 813319					
6. Principal Office Address 535 Roosevelt Ave. 414			City Central Falls	State RI	Zip 02863
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bonnie G. Gold			Vice-President Name		
Street Address 535 Roosevelt Ave. #414			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name			Treasurer Name Debra Billington		
Street Address			Street Address 535 Roosevelt Ave.		
City	State	Zip	City Central Falls	State RI	Zip 02863
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 Jane Arnold			Director Name Debra Billington		
Street Address Blaisdale Ave			Street Address 535 Roosevelt Ave.		
City Pawtucket	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Director Name Bonnie Gold			Director Name		
Street Address 535 Roosevelt Ave			Street Address		
City Central Falls	State RI	Zip 02863	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 Bonnie G. Gold					Date 4/5/2024
Signature of Officer/Authorized Representative Bonnie G. Gold					

FILED

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

APR 05 2024
BY ML 88CGS