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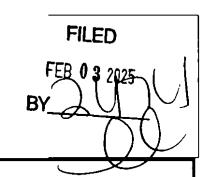
State of Rhode Island

Department of State - Business Services Division

2025 Annual Report for the year: **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 000162362	2. Exact name of the Corporation Arbutus Garden Club					
3. State of Incorporation Rhode Island	A commun	_	r of business conducted in Rhode Is organization that encourag re		I	
4. NAICS Code 813410						
6. Principal Office Address c/o Cassandra Crandall, 201 Klondike Rd			City Charlestown	State RI	Zip 02813	
7. List ALL officers (names and add	Iresses)		Check the	e box to indicate an	attachment	
President Name Mary Lauzon			Vice-President Name Donna Walsh			
Street Address PO Box 329			Street Address 10 Pine Tree Rd			
^{City} Charlestown	State RI	^{Zip} 02813	City Charlestown	State RI	Zip UZ ช 13	
Secretary Name Kate Somers			Treasurer Name Cassandra Crandall			
Street Address PO Box 1600			Street Address 201 Klondike Rd			
City Charlestown	State RI	^{Zip} 02813	^{City} Charlestown	State RI	^{Zio} 2813	
8. List ALL directors (names and ad	dresses). Ri Corp	oorations MUST lis		ne box to indicate ar	attachment	
Director Name Anne Wood			Director Name Elaine Hovey			
Street Address PO Box 38			Street Address 206 Ram Island Rd			
City Charlestown	State RI	^{Zip} 02813	City Charlestown	State RI	Zip UZOI3	
Director Name Fredrica Anderson			Director Name Margaret Sheehan			
Street Address 63 Cedar Rd			Street Address 66 Holly Rd			
City Charlestown	State RI	^{Zip} 02813	^{City} Wakefield	State RI	^{zi} 02879	
9. The Registered Agent information	n of record with th	ne RI Department	of State is accurate. Changes requir	re filing Form 641		
Under penalty of perjury, I declar statements, and that all stateme			d this report, including any accom correct.	npanying schedu	les and	
This report must be signed by either the Pre-	sident. Vice-President,	Secretary, Assistant Se	cretary, Treasurer, duly Authorized Representa	ative, Receiver or Trus	tee	
Name of Officer/Authorized Representative				Date		
Cassandra E. Crandall				February 1, 2025		
Signature of Officer/Authorized Rep CASSINGTON & CA						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov