



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FILED

FEB 03 2025

BY

1. Entity ID Number 000162362		2. Exact name of the Corporation Arbutus Garden Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A community non-profit organization that encourages a practical knowledge of horticulture			
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 addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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 02813
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	Zip 02813
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 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 02813
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	Zip 02879
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Cassandra E. Crandall				Date February 1, 2025	
Signature of Officer/Authorized Representative <i>Cassandra E. Crandall</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov