RI SOS Filing Number: 202566681730 Date: 3/5/2025 4:00:00 PM

FILED

MAR 05 2025

BY

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.

1 Entity ID Number	2. Exact name of the Corporation
000083845	Block Island Gardeness
3 State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Charitable and Educational
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
P.O. Box 661	Block Island	RI	02807

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

President Name	Vice-President Name
Elizabeth Moss	Maude Chasse
Street Address: PO Box 1123	Street Address: PO Box 158
City: Block Island, State: RI, Zip: 02807	City: Block Island, State: RI, Zip: 02807
Secretary Name	**Treasurer Name**
Erin Porter	Mary Sue Record
Street Address: PO Box 494	Street Address: PO Box 460
City: Block Island, State: RI, Zip: 02807	City: Block Island, State: RI, Zip: 02807

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

Director Name	Director Name
Tony Miller	Mary Cerulli
Street Address: PO Box 353	Street Address: PO Box 1215
City: Block Island, State: RI, Zip: 02807	City: Block Island, State: RI, Zip: 02807
Director Name	**Director Name**
Kenneth Moss	Penny Barnum Young
Street Address: PO Box 1123	Street Address: PO Box 1211
City: Block Island, State: RI, Zip: 02807	City: Block Island, State: RI, Zip: 02807

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
Mary Sue Record	2/27/2025

Signature of Officer/Authorized Representative: Mary Sue Record

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