



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 05 2025

BY

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 000083845		2. Exact name of the Corporation 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 P.O. Box 661		City Block Island	State RI	Zip 02807	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Elizabeth Moss		Vice President Name 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 Erin Porter		Treasurer Name 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 Tony Miller		Director Name 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 Kenneth Moss		Director Name 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 Mary Sue Record				Date 2/27/2025	
Signature of Officer/Authorized Representative Mary Sue Record					

MAIL TO:

Division of Business Services

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