FILED
APR 07 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: 65932	2. Exact name of the Corporation: The Gentian Garden Club, Inc.
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: To develop A working knowledge of all phases of gardening; To preserve and protect the environment.
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
P.O. Box 502	N. Scituate	RI	02857

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Cheryl Kingma		Vice-President Name:	
Street Address: 360 Burnt Hill Rd.		Street Address:	
City: Hope	State: RI Zip: 02831	City:	State: Zip:
Secretary Name: CAROL HORTA		Treasurer Name: EDNA DUFFY	
Street Address: 78 MT. Hygeia Rd.		Street Address: 256 W. Greenville Rd	
City: Foster	State: RI Zip: 02825	City: N. Scituate	State: RI Zip: 02857

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name: CAROL HORTA		Director Name: 360 Burnt Hill Rd	
Street Address: 78 MT. Hygeia Rd.		Street Address: CHERYL KINGMA	
City: Foster	State: RI Zip: 02825	City: Hope	State: RI Zip: 02831
Director Name: EDNA DUFFY		Director Name:	
Street Address: 256 W. Greenville Rd.		Street Address:	
City: N. Scituate	State: RI Zip: 02857	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.

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
EDNA DUFFY	4-1-25

Signature of Officer/Authorized Representative: Edna Duffy

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 04/2023