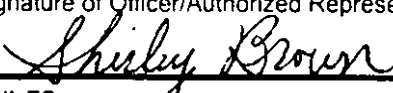


Annual Report for the year: 2025**Non-Profit Corporation**

→ 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 001725812		2. Exact name of the Corporation Pettaquamscutt Community Gardens			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide food and agricultural education and indigenous agricultural techniques to underserved and at risk BIPOC communities			
4. NAICS Code 813319-other-social advc					
6. Principal Office Address 2030 Kingstown Road			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Shirley Brown			Vice-President Name Damion Everett		
Street Address 2030 Kingstown Road			Street Address 2030 Kingstown Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Sonia (Thomas) Silver			Treasurer Name		
Street Address 14 Dewey Ave.			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
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 Sonia (Thomas) Silver			Director Name Shynin Thomas		
Street Address 14 Dewey Ave.			Street Address 14 Dewey Ave.		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Shirley Brown			Director Name Damion Everett		
Street Address 2030 Kingstown Road			Street Address 2030 Kingstown Road		
City Wakefield	State RI	Zip 02879	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 Shirley Brown					Date August 13, 2025
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED**AUG 18 2025****BY GANON**

FORM 631- Revised: 12/2023