



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2023
Non-Profit Corporation

2023 APR 24 A 9 46

- 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 GENTIAN GARDEN CLUB	
3. State of Incorporation RI		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 P.O. BOX 502		City N. SCITUATE	State RI
		Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CAROL HORTA		Vice-President Name	
Street Address 115 QUAKER LANE		Street Address	
City N. SCITUATE	State RI	City	State
Zip 02857		Zip	
Secretary Name CHERYL KINGMA		Treasurer Name EDNA DUFFY	
Street Address 96 TIDEWATER DR.		Street Address 32 LAKE SHORE DR.	
City WARWICK	State RI	City JOHNSTON	State RI
Zip 02889		Zip 02919	
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 EDNA DUFFY		Director Name CHERYL KINGMA	
Street Address 32 LAKE SHORE DR		Street Address 96 TIDEWATER DR.	
City JOHNSTON	State RI	City WARWICK	State RI
Zip 02919		Zip 02889	
Director Name CAROL HORTA		Director Name	
Street Address 115 QUAKER LANE		Street Address	
City N. SCITUATE	State RI	City	State
Zip 02857		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative EDNA DUFFY		Date April 24, 2023	
Signature of Officer/Authorized Representative <i>Edna Duffy</i>		APR 24 2023	

FILED 946
BY SF40Y