



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2024
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.

APR 04 2024
2752 *a*

1. Entity ID Number 65932	2. Exact name of the Corporation The GENTIAN GARDEN CLUB, INC.
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
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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	Zip 02857	City
Secretary Name Cheryl Kingma		Treasurer Name Edna Duffy	
Street Address 360 BURNT HILL ROAD		Street Address 256 W. GREENVILLE RD	
City HOPE	State RI	Zip 02831	City N. Scituate

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 256 W. GREENVILLE RD		Street Address 360 BURNT HILL RD	
City N. Scituate	State RI	Zip 02857	City HOPE
Director Name CAROL HORTA		Director Name	
Street Address 115 QUAKER LANE		Street Address	
City N. Scituate	State RI	Zip 02857	City

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 1, 2024
Signature of Officer/Authorized Representative <i>Edna Duffy</i>	

MAIL TO:
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Website: www.sos.ri.gov