Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

2024 ANNUAL REPORT

REGISTRY NUMBER: 8891012
DATE OF FILING: 2/27/1970
FEE: $50
DUE DATE: 2/27/2024
TYPE: DOMESTIC NONPROFIT CORPORATION

00577

GARTEN SERVICES, INC.
PO BOX 13970
SALEM OR 97309

FILED: MAR 7, 2024
OREGON SECRETARY OF STATE

8891012-25973369

GARTEN SERVICES, INC. **RENANA**

Business Name: GARTEN SERVICES, INC.

Jurisdiction: OREGON

Non-Profit Type: PUBLIC BENEFIT

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

REGISTERED AGENT:
ASHLEY WILSON

STREET ADDRESS: (Must be an Oregon Physical Street Address)
500 HAWTHORNE AVE SE, SALEM, OR 97301

If the Registered Agent has changed, the new Agent has consented to the appointment.

Type of Business: GARTEN'S MISSION IS TO SUPPORT PEOPLE WITH DISABILITIES IN THEIR EFFORT TO...

Principal Place of Business Address: 500 HAWTHORNE AVE SE, SALEM, OR 97301
(Physical Street Address)

Mailing Address: PO BOX 13970, SALEM, OR 97309

President Name and Address
~~ALLAN POLLOCK~~ CHRISTINA LINCICOME 500 HAWTHORNE AVE SE, SALEM, OR 97301

Secretary Name and Address
~~ANDREW SPRAUER~~ VIVI CALEFFI PRICHARD 500 HAWTHORNE SE, SALEM, OR 97301

Execution: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature Ashley Wilson **Printed Name** Ashley Wilson

Date 01/29/2024 **Phone Number** 503-581-1984

Make check payable to "Corporation Division" and mail completed form with payment to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.