

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

148 W. River Street Providence, RI 02904-2615 O 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject

to a penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation					
114524	RHODE ISLAND STATE GRANGE FOUNDATION, INC.					
3. State of Incorporation	4. Corporate address in R	bode Islana - Street Adaress		Cuy	Zip	
R'	120 WILSON	AVE		RUMFORD	02916-2832	
5. Foreigu corporation. Enter principal office address			Cüy	State	Zip	
6. Brief Description of the character VARIOUS SCHOURRS		ually conducted in Rhode Isla	nd			
7. NAMES AND ADDRESSES	OF THE OFFICERS	("X" BOX FOR ATTACH	MENT) 🗌 FILL IN SPACES B	EFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
SCOTT SHERMAN			STEPHEN W. LOGAN			
Street Address 9 TOPPA TOLVD			Street Address Z6 THBER AVE			
CILY NEWPORT	State R1	02846-2364	WEST KINGSTON	State R1	74p 02842-1425	
Secretary Name SHIRLEY A. LAWSON			Treasurer Name JOHN KENYON, JR			
Street Address 120 WILSON AVE			Street Address 8 MARIGOLD ANE			
RUMFORD	State Z1	zip 02916-2832	SOMERSET	State MA	02726-3215	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	(HMENT) [] FILL IN SPACES I	BEFORE USING ATT.	ACHMENTS	
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION SHALL NOT	BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23	
Director Name ELLEGN HEBERT			Director Name JOHN J. COTTRELL III			
Street Address 5 LEWISTON ST			Street Address 899 WAITES CORNER ROAD			
CHY BLACKSTONE	Siate M.H	zφ 01504-1819	WEST KINGSTON	State R1	02892-1626	
Director Name PATRICIA COTTRELL			Director Name CHARLOTTE KIEHARDSON			
Street Address 899 WATTES CORNER RD			Street Address 165 HAMILTON AVE			
WEST KINGSTON	State R1	02892-1626	JAMES TOWN	State R1	Zip 02835-1280	
9. REGISTERED AGENT IN	RHODE ISLAND - De	O NOT ALTER - Chang	es require filing of Form 6	41 - R.I.G.L. 7-6-13	/ 7-6-78	
Agent Name SHIRLEY LAWSON			Address 120 WILSON AVE			
Address			CUY KUMFORD	02916 - 2832		
This report must	be signed by either th	ne President, Vice Presi	dent, Secretary, Assistant Sec	retary, Treasurer, Re	ceiver or Trustee	

File Date	FILED
Check No.	JUN 0 2 2008
{By.} By	15/1
]	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm report, including any accompanying schedules	and statements, and that all
statements contained herein are true and correct	5/30/08
Signature of Officer // / SOHN KENYON, SR	Date
Print or Type Name of Officer IRGASURGR	
Tule of Officer	Form 631 Rev. 12/06