



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2009

**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. <b>27525</b>		2. Name of Corporation <b>Kickemuit Grange, No. 24, Patrons of Husbandry, of Warren</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Corporate address in Rhode Island - Street Address <b>92 Vernon Street</b>		City <b>Warren</b>	Zip <b>02885</b>
5. Foreign corporation. Enter principal office address <b>X</b>			City <b>X</b>	State <b>X</b>	Zip <b>X</b>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>A fraternal organization doing charitable works.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>John Kenyon Jr.</b>			Vice President Name <b>Cathy Kamowski</b>		
Street Address <b>8 Marigold Aenue</b>			Street Address <b>19 Barrington Court</b>		
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02720-7418</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915-1801</b>
Secretary Name <b>Karen Miller</b>			Treasurer Name <b>Dennis D. Kamowski</b>		
Street Address <b>627 President Avenue</b>			Street Address <b>19 Barrington Court</b>		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720-3717</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02195-1801</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
<b>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</b>					
Director Name <b>Dennis D. Kamowski</b>			Director Name <b>Evelyn Ledger</b>		
Street Address <b>19 Barrington Court</b>			Street Address <b>1638 Rodman Street</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915-1801</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02721-3532</b>
Director Name <b>Patricia Gersbach</b>			Director Name		
Street Address <b>53 Saxon Street</b>			Street Address		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720-7418</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

27525

File Date	<b>FILED</b>
Check No.	<b>JUN 09 2009</b>
By:	<b>923</b>
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer  
**Dennis D. Kamowski**  
Print or Type Name of Officer  
**Treasurer**  
Date  
**6 June 2009**  
Title of Officer