

A. Ralph Mollis, Secretary of State Diporations Division
148 W. River Street
Providence, RI 02904-2615
401 222 Corporations Division

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 Cort	2. Name of Corporation				
27468		KENT COUNTY POMONA GRANGE NO. 3				
3. State of Incorporation	4. Corporate ad	4. Corporate address in Rhode Island - Street Address			Zip	
Rhode Island	6502 Flat F	River Road		Greene	02827	
5. Foreign corporation. Enter principal office address			Сйу	State	Zip	
		b are actually conducted in Ri			1	
A FAMILY FRATERNA	AL COMMUNITY S	ERVICE ORGANIZATI	ON			
7. NAMES AND ADDR	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [] FILL IN SP.	ACES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
Judi Chase			Paul McQuaid			
Street Address			Street Address			
457 Hill Farm Road			36 Hazard Street	Laur	7:-	
City	State	Zip	City	State	Zip	
Coventry	RI	02816	Coventry	RI	02816	
Secretary Name			Treasurer Nume			
Barbara Rush				Paul Rush		
Street Address			1	Street Address		
6502 Flat River Roa		1	6502 Flat River Ro		724	
Сйу	State	Zip	Cuy	State	Zip	
Greene	RI	02827	Greene	RI	02827	
			ATTACHMENT) FILL IN SE			
	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHAL	L NOT BE LESS THAN TI	<u>1KBE</u> (3). K.I.G.L. 7-6-23	
Director Name				Director Name		
Paul McQuaid			James Chase			
Street Address			Street Address			
36 Hazard Street			457 Hill Farm Road			
Cuy	State	Zip	City	State	Zip	
Coventry	RI	02816	Coventry	RI	02816	
Director Name			Director Name			
Joan Clegg						
Street Address			Street Address			
4 Spring House Land	e					
City	State	Ζίp	City	State	Zip	
Cumberland	RI	02864	H			
9. REGISTERED AGEN	T IN RHODE ISLA	ND				
This information is curre	ently of record in th	e Office of the Secretary	of State. Changes require filing	g of Form 641 - R.I.G.L. 7-0	5-13/7-6-78	
This reserve	must be signed by	either the President Vic	ce President, Secretary, Assis	tant Secretary Treasurer	Receiver or Trustee	
rms report	. must be signed by	ordici dio i rostabili, vic	50 1 100/ 4 0/11, 000/0141 9, 1180/19	war		

File Date FILED
Check No. JUL 0 1 2009
By: FOR SECRETARY OF STATE USE ONLY

27468

Under penalty of perjury, I declare and aft report, including any accompanying schedu	
statements contained herein are true and co	rrect.
Barbara Russ	U 6-21-09
Signature of Officer	Date
Barbara Rush	
Print or Type Name of Officer	

Secretary