

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

146 W. Ricel Street Providence, RI 02904-2615 401.222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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 17 No.

28662

Cld Warwick Graite. No. 41 Patrons of Husbandy

3. State of Incorporation

RI

1175 West Share Road

5. Foreign corporation. Enter principal office address

City

State

Ci

Fraterno	1 Organizati	1017			
7. NAMES AND ADDRES	SSES OF THE OFFICE	RS: ("X" BOX FOR ATTAC	CHMENT) [FILL IN SPACE	S BEFORE USING ATTA	ACHMENTS
President Name Paul Potter			Vice President Name Christopher (legg		
Street Address 77 Doris Ave			Street Address 4 Spring House Lane		
Wandide	State R I	02889	Comberland	State RT	02864
Secretary Name Territe Potter			Toan Clegg		
Street Address 77 Doris Ave			Street Address Spring House Lane		
Warwi de	State RI	0.2889	Com berland	State RI	²⁴⁰ 03864
		ORS: ("X" BOX FOR ATT	ACHMENT) TILL IN SPACE	S BEFORE USING ATT	
	ECTORS OF A DOMES	STIC (RHODE ISLAND)	CORPORATION SHALL NO	OT BE LESS THAN THE	REE (3). R.I.G.L. 7-6-23
William Naughton			Director Name Richard Fuller		
100 Old Homestead Road			Street Address 24 Diploma Street		
Wanide	State RI	D2889	Warwick	State 2T	93888
Joseph Maxwell			Director Name Elmer Graves		
35 Siby Street			Street Address 24 Hart Avenue		
9. REGISTERED AGENT	IN RHODE ISLAND	29889	Warnick	State RI	02889
This information is curren	ntly of record in the Off	fice of the Secretary of St	ate. Changes require filing of I	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

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File Date FILED
Check NoMAY 1 1 2010
By 1185
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that report, including any-accompanying schedules and s	
statements contained herein are true and correct.	5/10/10
Signature of Officer	Date

Print or Type Name of Officer

Tressorer
Title of Officer