



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

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River 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 ID No. 484828		2. Name of Corporation ROGER WILLIAMS-RUMFORD GRANGE No. 52, P.O.F.H., INC.			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 125 NORTH BROADWAY		City RUMFORD	Zip 02916
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island NON-PROFIT FRATERNAL ORGANIZATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN A. LAWSON, JR.			Vice President Name MRS. SHIRLEY BELL		
Street Address 120 WILSON AVENUE			Street Address 387 PEARSE ROAD		
City RUMFORD	State RI	Zip 02916	City SWANSEA	State MA	Zip 02777
Secretary Name MRS. SHIRLEY A. LAWSON			Treasurer Name MRS. STELLA MOITZO		
Street Address 120 WILSON AVENUE			Street Address 64 SALISBURY STREET		
City RUMFORD	State RI	Zip 02916	City REHOBOTH	State MA	Zip 02769
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name MRS. LOUISE ROBERTS			Director Name FRANK MOITZO		
Street Address 7 CHURCH STREET C108			Street Address 64 SALISBURY STREET		
City GREENVILLE	State RI	Zip 02828	City REHOBOTH	State MA	Zip 02769
Director Name MRS. ELSIE JOHN			Director Name MRS. EDNA CHAGNON		
Street Address 2 INDIAN ROAD			Street Address 21 HOPPIN AVENUE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
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

File Date	FILED
Check No.	JUN 21 2010
By	1224
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.

Shirley A. Lawson 6/17/10
Signature of Officer Date
SHIRLEY A. LAWSON
Print or Type Name of Officer
SECRETARY
Title of Officer