

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Entity ID No.		2 Exact name of the Corporation					
28977	Sloce	Slocum Grange, No 36, Patrons of Husbandry					
State of Incorporation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
R.I.	Meet	ngs held b	i-monthly				
Principal office address		City	State	Zip			
LIST ALL OFFICERS OLD	des AND ADOF	ESSEN CX BOX FOR	ATTACHESTO				
resident Name Master			Vice-President Name ○Ve	•			
Thomas Getauco			Howard Paster				
Street Address	0.3		Street Address	120			
796 Fletcher	State	Zīp	50 South Rd	State	Zip		
North Kingstown	RI	02852	Exeter	RI	02822		
ecretary Name	1		Treasurer Name				
Linda Sullivan	· · · · · · · · · · · · · · · · · · ·		Douglas Moorcroft				
treet Address 63 Courtland Dr.			Street Address 724 Stony Fent Rd				
Namagansett	State RI	Zip 02882	Saunderstown	State R I	Zip 02874		
LIST <u>ALL</u> DIRECTORS (N. CXC BOX FOR ATTACHMI	AMES AND ADD	RESSES). RHODE ISL	UND CORPORATIONS MUST LIS	et no less than	THREE (3) DIA		
birector Name Executive Boxund Members			Director Name Executive Board Manuber				
Thomas Sullivan			Walter Taylor				
treet Address 63 Courtian	d Dr		Street Address				
iv Narragansett	State RT	Zip 02882	7.50 Old Ba aty North Kingstown	State RI	Zip 02852		
Robert Perry	Board Men	be:	Director Name				
street Address 891 Ten R	od Rd		Street Address				
ily Verth Kungstown	State RT	Zip 02852	Öty	State	Zip		
REGISTERED AGENT IN F							
			y of State. Changes require filling				
This report must be	sianed by eithe	rthe President Vice-Pre	sident, Secretary, Assistant Secret	arv. Treasurer. Rece	eiver or Trustee		

FILED FILED		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.		
Check No	MAY 2 9 2013	Linda M Sullwan	5-24-13	
Ðy:	MAI CO TOIO	Signature of Officer	Date	
FOR SECRETARY OF STATE USE CHLY BY	1676_	Linda M. Sullivan		
В	per partie de la company de la	Print or Type Name of Officer		
orm No. 631		Secretary		
evised: 05/2012		Title of Officer		