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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
28662	**Old Warwick Grange, No. 41 Patrons of Husbandry**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **To hold monthly meetings and conduct business pertaining to community affairs**

5. Principal office address	City	State	Zip
1175 West Shore Road	**Warwick**	**RI**	**02889**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Joan Clegg	**Paul Potter**
Street Address: **4 Spring House Lane**	Street Address: **77 Doris Avenue**
City: **Cumberland** State: **RI** Zip: **02864**	City: **Warwick** State: **RI** Zip: **02889**
Secretary Name: **Jacklyn Ross**	Treasurer Name: **Christopher Clegg**
Street Address: **165 Freeman Street**	Street Address: **4 Spring House Lane**
City: **Warwick** State: **RI** Zip: **0286**	City: **Cumberland** State: **RI** Zip: **02864**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Richard Fuller	**Robert Keenan**
Street Address: **24 Diploma Street**	Street Address: **26 Glendale Drive**
City: **Warwick** State: **RI** Zip: **02888**	City: **West Warwick** State: **RI** Zip: **02893**
Director Name: **Terrie Potter**	Director Name: **Wayne Mollohan**
Street Address: **77 Doris Avenue**	Street Address: **PO Box 29**
City: **Warwick** State: **RI** Zip: **02889**	City: **Hope** State: **RI** Zip: **02831**

8. REGISTERED AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

FILED

File Date _____ JUN 10 2014

Check No _____ 1880

By: _____ **BY** _____

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.

_____ **06/07/14**
Signature of Officer or Authorized Representative — Date

Joan L Clegg
Print or Type Name of Officer or Authorized Representative

Form No. 631
108070-9-962109