



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 **2015**

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. 27525		2. Exact name of the Corporation Kickemuit Grange, No. 24, Patrons of Husbandry of Warren			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island A fraternal organization doing charitable works			
5. Principal office address 92 Vernon Street		City Warren		State RI	Zip 02885
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Susan Kenyon		Vice-President Name James D. Rebello			
Street Address 111 Ash Street		Street Address 135 Bushee Road			
City Rehoboth	State MA	Zip 02769-2030	City Swansea	State MA	Zip 02777-4234
Secretary Name Karen Miller		Treasurer Name Dennis D. Kamowski			
Street Address 627 President Avenue		Street Address 19 Barrington Court			
City Fall River	State MA	Zip 02720-4148	City Riverside	State RI	Zip 02915-1801
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dennis D. Kamowski		Director Name Patricia Gersbach			
Street Address 19 Barrington Court		Street Address 53 Saxon Street			
City Riverside	State RI	Zip 02915-1801	City Fall River	State MA	Zip 02720-4915
Director Name Cathy Kamowski		Director Name			
Street Address 19 Barrington Court		Street Address			
City Riverside	State RI	Zip 02915-1801	City	State	Zip
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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 10 2015

BY

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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.

Signature of Officer or Authorized Representative Date **6/8/15**

Dennis D. Kamowski

Print or Type Name of Officer or Authorized Representative