



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

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.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000027468

**2. Name of Corporation** KENT COUNTY POMONA GRANGE NO. 3

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 6502 FLAT RIVER ROAD

City or Town: GREENE

State: RI Zip: 02827 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

A FAMILY FRATERNAL COMMUNITY SERVICE ORGANIZATION.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WALTER HARTLEY	601 HARTFORD PIKE NORTH SCITUATE, RI 02857 USA
TREASURER	PAUL RUSH	6502 FLAT RIVER ROAD GREENE, RI 02827 USA
SECRETARY	BARBARA RUSH	6502 FLAT RIVER ROAD

		GREENE, RI 02827 USA
VICE PRESIDENT	PAUL MCQUAID	36 HAZARD STREET COVENTRY, RI 02826 USA
DIRECTOR	JOAN CLEGG	4 SPRING HOUSE LANE CUMBERLAND, RI 02864 USA
DIRECTOR	JAMES CHASE	457 HILL FARM ROAD COVENTRY, RI 02816 USA
DIRECTOR	PAUL MCQUAID	36 HAZARD STREET COVENTRY, RI 02816 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BARBARA RUSH 6502 FLAT RIVER ROAD GREENE , RI 02827

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

**Signed this 30 Day of July, 2015 at 4:57:51 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By BARBARA RUSH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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