



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.



1. Entity ID Number		2. Exact name of the Corporation			
29568		Washington County Pomona Grange, Incorporated			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		A family Fraternal Community Service Organization			
5. Principal Office Address			City	State	Zip
891 Ten Rod Road			North Kingstown	RI	02852
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jennie Knight			Vice-President Name Paul Ohneck		
Street Address 204 C Klondike Road			Street Address 98 Greenman Ave		
City Charlestown	State RI	Zip 02813	City Westerly	State RI	Zip 02891
Secretary Name Carol Perry			Treasurer Name Patricia Cottrell		
Street Address 891 Ten Rod Road			Street Address 899 Waites Corner Road		
City North Kingstown	State RI	Zip 02852	City West Kingston	State RI	Zip 02892
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Walter Taylor			Director Name Robert Perry		
Street Address 750 Old Baptist Road			Street Address 891 Ten Rod Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Thomas Gotauco			Director Name		
Street Address 796 Fletcher Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Carol Perry				Date 5-20-16	
Signature of Officer/Authorized Representative <i>Carol Perry</i>					

FILED
MAY 23 2016
BY KL 1993