



**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			
29671		Perryville Grange, Incorporated			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Fraternal non-profit organization			
5. Principal Office Address			City	State	Zip
Cassandra Crandall, Sec., 201 Klondike Road			Charlestown	RI	02813-2600
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
Harold Stedman, Sr			Kristen Flynn		
Street Address			Street Address		
879 Stonington Road			220 Earle Drive		
City	State	Zip	City	State	Zip
Pawcatuck	CT	06379	N. Kingstown	RI	02852
Secretary Name			Treasurer Name		
Cassandra Crandall			Patricia Brow		
Street Address			Street Address		
201 Klondike Road			291 Leisure Drive		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Wakefield	RI	02879
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			Director Name		
David Crandall			Roger Stedman		
Street Address			Street Address		
201 Klondike Road			510 Klondike Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Director Name			Director Name		
Gardner Sherman			_____		
Street Address			Street Address		
715 Curtis Corner Road			_____		
City	State	Zip	City	State	Zip
Wakefield	RI	02879	_____	_____	_____
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					Date
Cassandra E. Crandall, Secretary					June 14, 2016
Signature of Officer/Authorized Representative					
Cassandra E. Crandall SIGN DOCUMENT HERE					

FILED

JUN 17 2016

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