



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: 2016

1. Corporate ID No. 000026579

2. Name of Corporation Hope Valley Grange 7 and Community Center, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1116 MAIN STREET

P.O. BOX 354

City or Town: HOPE VALLEY State: RI Zip: 02832 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

MONTHLY MEETING, CHARITY WORK AND FUNDRAISERS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	ANTHONY APICE	38 CANONCHET DRIFTWAY HOPE VALLEY, RI 02832 USA
TREASURER	GARY BURDICK JR	144 ASHAWAY ROAD BRADFORD, RI 02808 USA

SECRETARY	ROBIN MORGERA	P O BOX223 WYOMING, RI 02898 USA
VICE PRESIDENT	LESTER DAVIS	38 CANONCHET DRIFTWAY HOPE VALLEY, RI 02832 USA
DIRECTOR	DON CADDICK JR	P.O. BOX 131 ROCKVILLE, RI 02873 USA
DIRECTOR	WILLIAM KNIGHT II	204C KLONDIKE ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	JENNIE KNIGHT	204 C KLONDIKE ROAD CHARLESTOWN, RI 02813 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**

ANTHONY APICE 1116 MAIN STREET P.O. BOX 354 HOPE VALLEY , RI 02832

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

Signed this 20 Day of June, 2016 at 7:58:50 AM 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 ROBIN MORGERA
Signature of Authorized Person

Form No. 631
Revised 09/07

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