



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

Annual Report for the year: 2016  
Non-Profit Corporation

- Filing period: June 1 - June 30  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>525667</u>		2. Exact name of the Corporation <u>PROVIDENCE COUNTY POMONA GRANGE No. 1</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>NON-PROFIT FRATERNAL ORGANIZATION</u>			
5. Principal Office Address <u>120 WILSON AVENUE</u>		City <u>RUMFORD</u>	State <u>RI</u>	Zip <u>02916</u>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>DENNIS ROBIDOUX</u>		Vice-President Name <u>MRS. JENNIFER LAWSON</u>			
Street Address <u>750 PUTNAM PIKE</u>		Street Address <u>P.O. BOX 670</u>			
City <u>CHEPACHET</u>	State <u>RI</u>	Zip <u>02814</u>	City <u>NO. SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>
Secretary Name <u>MRS. SHIRLEY LAWSON</u>		Treasurer Name <u>JOHN A. LAWSON JR.</u>			
Street Address <u>120 WILSON AVENUE</u>		Street Address <u>120 WILSON AVENUE</u>			
City <u>RUMFORD</u>	State <u>RI</u>	Zip <u>02916</u>	City <u>RUMFORD</u>	State <u>RI</u>	Zip <u>02916</u>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>MRS. LILLIAN KRUSZYNA</u>		Director Name <u>JOHN LAWSON III</u>			
Street Address <u>15 GLEANER CHAPEL RD.</u>		Street Address <u>P.O. BOX 670</u>			
City <u>NO. SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>NO. SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>
Director Name <u>MRS. MARJORIE CASBARRO</u>		Director Name			
Street Address <u>16 BEEBE WAY</u>		Street Address			
City <u>NO. SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>	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.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>SHIRLEY LAWSON, SECRETARY</u>				Date <u>6/17/16</u>	
Signature of Officer/Authorized Representative <u>Shirley A. Lawson</u>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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369