



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 525667		2. Exact name of the Corporation PROVIDENCE COUNTY POMONA GRANGE No. 1	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island NON-PROFIT FRATERNAL ORGANIZATION	
5. Principal Office Address 120 WILSON AVENUE		City RUMFORD	State RI
		Zip 02916	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DENNIS ROBIDOUX		Vice-President Name MRS. JENNIFER LAWSON	
Street Address 750 PUTNAM PIKE		Street Address P.O. BOX 670	
City CHEPACHET	State RI	Zip 02814	City NO. SCITUATE
			State RI
			Zip 02857
Secretary Name MRS. SHIRLEY LAWSON		Treasurer Name JOHN A. LAWSON JR.	
Street Address 120 WILSON AVENUE		Street Address 120 WILSON AVENUE	
City RUMFORD	State RI	Zip 02916	City RUMFORD
			State RI
			Zip 02916
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 MRS. LILLIAN KRUSZYNA		Director Name JOHN LAWSON III	
Street Address 15 GLEANER CHAPEL RD.		Street Address P.O. BOX 670	
City NO. SCITUATE	State RI	Zip 02857	City NO. SCITUATE
			State RI
			Zip 02857
Director Name MRS. MARJORIE CASBARRO		Director Name	
Street Address 16 BEEBE WAY		Street Address	
City NO. SCITUATE	State RI	Zip 02857	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 SHIRLEY LAWSON, SECRETARY			Date 6/17/16
Signature of Officer/Authorized Representative <i>Shirley A. Lawson</i>			

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

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JUN 20 2016
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