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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2012
Non-Profit Corporation	

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2017 MAR 24 AM 10: 42

-> 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	2. Exact name of the Corporation					
28690	Moslem Grotto M.O.V.P.E.R. Inc					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Non profit fraternal organization					
			-			
5. Principal Office Address			City	State	Žip	
142 Woodhaven Road	Woodhaven Road		Woonsocket	Rhode Island	02895	
6. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name David A. Jannarelli		Vice-President Name Ronald Wheeler				
Street Address 44 Park Place		Street Address 91 Deerfield Drive				
City Pascoag	State RI	^{Zip} 02869	City West Warwick	State RI	^{Zip} 02894	
Secretary Name Andre L. Gregoire	re L. Gregoire		Treasurer Name Douglas E. Connell			
Street Address 392 West Wrentham Road		Street Address 142 Woodhaven Road				
City Cumberland	State RI	^{Zip} 02864	City Woonsocket	State RI	^{Zip} 02895	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name George L. Young Jr.			Director Name Jack Bell			
Street Address 56 Vail Drive		Street Address 29 Old Cedar Lane				
^{City} Franklin	State Ma	^{Zip} 02038	City So. Yarmouth	State Ma	^{Zip} 02664	
Director Name Steven E. Smith		Director Name None				
Street Address 31 Edmund H. Nichols Road		Street Address				
City No. Attleboro	State Ma	^{Zip} 02760	City	State	Zip	
8. Registered Agent in Rhode Island. This information is ситтептву 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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative Date						
Douglas E. Connell				03/22/2017		
Signature of Officer/Authorized Rep	resentative		FILED II.	7 AM		

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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FORM 631 - Revised: 02/2017

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