



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

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 R.I. DEPT. OF STATE
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Annual Report for the year: **2011**

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.

2017 MAR 24 AM 10:42

1. Entity ID Number 28690		2. Exact name of the Corporation Moslem Grotto M.O.V.P.E.R. Inc			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non profit fraternal organization			
5. Principal Office Address 142 Woodhaven Road			City Woonsocket	State Rhode Island	Zip 02895
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David A. Jannarelli			Vice-President Name Steven E. Smith		
Street Address 44 Park Place			Street Address 31 Edmund H. Nichols Road		
City Pascoag	State RI	Zip 02869	City No. Attleboro	State Ma	Zip 02760
Secretary Name Andre 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 <input type="checkbox"/>					
Director Name George L. Young Jr			Director Name Marc P. Paul		
Street Address 56 Vail Drive			Street Address 38 Broad Street		
City Franklin	State Ma	Zip 02038	City Woonsocket	State RI	Zip 02895
Director Name Jack Bell			Director Name None		
Street Address 29 Old Cedar Lane			Street Address		
City So. Yarmouth	State Ma	Zip 02664	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 Douglas E. Connell				Date 03/22/2017	
Signature of Officer/Authorized Representative 					

FILED 11:06 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