



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

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2017 MAR 24 AM 10:42

Annual Report for the year: **2007**

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<br><b>28690</b>              | 2. Exact name of the Corporation<br><b>Moslem Grotto M.O.V.P.E.R. Inc</b>   |
| 3. State of Incorporation<br><b>Rhode Island</b> | 4. Brief description of the character of business conducted in Rhode Island<br><b>Non profit fraternal organization</b> |

|  |                           |                              |                     |
|--|---------------------------|------------------------------|---------------------|
| 5. Principal Office Address<br><b>142 Woodhaven Road</b> | City<br><b>Woonsocket</b> | State<br><b>Rhode Island</b> | Zip<br><b>02895</b> |
|--|---------------------------|------------------------------|---------------------|

|  |                 |                  |  |                 |                  |
|--|-----------------|------------------|--|-----------------|------------------|
| 6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |                  |  |                 |                  |
| President Name <b>George L. Young Jr</b>   |                 |                  | Vice-President Name <b>Andre L. Gregoire</b> |                 |                  |
| Street Address <b>9 Holly Lane</b>   |                 |                  | Street Address <b>392 West Wrentham Road</b> |                 |                  |
| City <b>Cumberland</b>   | State <b>RI</b> | Zip <b>02864</b> | City <b>Cumberland</b>                       | State <b>RI</b> | Zip <b>02864</b> |
| Secretary Name <b>Douglas E. Connell</b>   |                 |                  | Treasurer Name <b>Douglas E. Connell</b>     |                 |                  |
| Street Address <b>142 Woodhaven Road</b>   |                 |                  | Street Address <b>142 Woodhaven Road</b>     |                 |                  |
| City <b>Woonsocket</b>   | State <b>RI</b> | Zip <b>02895</b> | City <b>Woonsocket</b>                       | State <b>RI</b> | Zip <b>02895</b> |

|  |                 |                  |  |                 |                  |
|--|-----------------|------------------|--|-----------------|------------------|
| 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 <b>Henry M. Albers</b>   |                 |                  | Director Name <b>Robert M. Chase</b>       |                 |                  |
| Street Address <b>70 Pearl Avenue</b>  |                 |                  | Street Address <b>119 Lexington Avenue</b> |                 |                  |
| City <b>Rumford</b>  | State <b>RI</b> | Zip <b>02916</b> | City <b>Providence</b>                     | State <b>RI</b> | Zip <b>02907</b> |
| Director Name <b>Morphis A. Jamiel</b>   |                 |                  | Director Name <b>None</b>                  |                 |                  |
| Street Address <b>P.O. Box 84</b>  |                 |                  | Street Address                             |                 |                  |
| City <b>Warren</b>   | State <b>RI</b> | Zip <b>02886</b> | 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.**

*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<br><b>Douglas E. Connell</b> | Date<br><b>03/22/2017</b> |
|--|---------------------------|

|  |              |
|--|--------------|
| Signature of Officer/Authorized Representative<br> | <b>FILED</b> |
|--|--------------|

MAR 24 2017

11:00 AM

BY 299089

KM