



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2005**

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.

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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 Andre L. Gergoire			Vice-President Name Henry M. Albers		
Street Address 392 West Wrentham Rad			Street Address 70 Pearl Avenue		
City Cumberland	State RI	Zip 02864	City Rumford	State RI	Zip 02916
Secretary Name Douglas E. Connell			Treasurer Name Douglas E. Connell		
Street Address 142 Woodhaven Road			Street Address 142 Woodhaven Road		
City Woonsocket	State RI	Zip 02895	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 Jerry I Duhamel Sr.			Director Name Robert M. Chase		
Street Address 5 Crystal Court			Street Address 119 Lexington Avenue		
City Charlestown	State RI	Zip 02813	City Providence	State RI	Zip 02907
Director Name Everett F. Hopkins			Director Name None		
Street Address 17 Amanda Street			Street Address		
City Cranston	State RI	Zip 02920	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.					
<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 Douglas E. Connell				Date 03/22/2017	
Signature of Officer/Authorized Representative 				FILED 11:00 AM MAR 24 2017 BY 299089 KM	

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

FORM 631 - Revised: 02/2017