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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

Annual Report for the year: 1999
Non-Profit Corporation

2017 MAR 24 AM 10: 43

→ 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	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Non profit fraternal organization					
5. Principal Office Address			City	State	Zip	
142 Woodhaven Road			Woonsocket	Rhode Island	02895	
			<u> </u>			
6. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name David L. Ryone			Vice-President Name Richard J. Tobin Sr.			
Street Address 15 Belcourt Avenue			Street Address 303 Dover Avenue			
City No. Providence	State RI	^{Zip} 02911	City East Providence	State RI	^{Zip} 02914	
Secretary Name Philip R. Bradley			Treasurer Name Ernest C. Bobe			
Street Address 319 Lake Shore Drive			Street Address 27 Wannaisett Avenue			
City Warwick	State RI	Zip 02889	City Riverside	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						
Director Name Walter C. McFarland			Director Name Morphis A. Jamiel			
Street Address 23 Laura Street			Street Address P.O. Box 84			
City Tiverton	State RI	Zip 02878	City Warren	State RI	^{Zip} 02886	
Director Name Jerry I Duhamel Sr.			Director Name None			
Street Address 5 Crystal Court			Street Address			
^{City} Charlestown	State RI	^{Zip} 02813	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				Date	Date	
Douglas E. Connell				03/22/2017		
Signature of Officer/Authorized Representative FILED 10.54 AM						
FILEU IU. J. HWI						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 2 4 2017

BY 299089

FORM 631 - Revised: 02/2017