



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

Annual Report for the year: 1998

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.

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

2017 MAR 24 AM 10:43

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 Jerry I Duhamel Sr.			Vice-President Name David L. Ryone		
Street Address 5 Crystal Court			Street Address 15 Belcourt Avenue		
City Charlestown	State RI	Zip 02813	City No. Providence	State RI	Zip 02911
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 <input type="checkbox"/>					
Director Name Henry M. Albers			Director Name Walter C. McFarland		
Street Address 70 Pearl Avenue			Street Address 23 Laura street		
City Rumford	State RI	Zip 02916	City Tiverton	State RI	Zip 02878
Director Name Morphis A. Jamiel			Director Name None		
Street Address P.O. Box 84			Street Address		
City Warren	State RI	Zip 02886	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 10:53 AM

MAR 24 2017

BY 299089 KM