



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **1997**

## 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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 BUS SVCS DIV

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1. Entity ID Number <b>28690</b>		2. Exact name of the Corporation <b>Moslem Grotto M.O.V.P.E.R. Inc</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Non profit fraternal organization</b>			
5. Principal Office Address <b>142 Woodhaven Road</b>			City <b>Woonsocket</b>	State <b>Rhode Island</b>	Zip <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>Morphis A. Jamiel</b>			Vice-President Name <b>Jerry I Duhamel Sr.</b>		
Street Address <b>P.O. Box 84</b>			Street Address <b>5 Crystal Court</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
Secretary Name <b>Philip R. Bradley</b>			Treasurer Name <b>Ernest C. Bobe</b>		
Street Address <b>319 Lake Shore Drive</b>			Street Address <b>27 Wannaisett Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02916</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>Raymond A. Thomas</b>			Director Name <b>Henry M. Albers</b>		
Street Address <b>439 Hope Street</b>			Street Address <b>70 Pearl Avenue</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
Director Name <b>Walter C. McFarland</b>			Director Name <b>None</b>		
Street Address <b>23 Laura street</b>			Street Address		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</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.					
<b>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.</b>					
<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 <b>Douglas E. Connell</b>				Date <b>03/22/2017</b>	
Signature of Officer/Authorized Representative 					

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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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BY 299089

FORM 631 - Revised: 02/2017

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