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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 1996

Non-Profit Corporation

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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.P.V.E.R. Inc				
State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Non profit fraternal organization				
Taract Island	non pront traternal organization				
5. Principal Office Address			City	State	Zip
142 Woodhaven Road			Woonsocket	RI	02895
6. List ALL officers (names and add	dresses)		Check the	L e box to indicate ar	attachment
President Name Walter C. McFarland			Vice-President 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 02885
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 Arthur Soder Jr			Director Name Raymond A. Thomas		
Street Address 88 Farmland Road			Street Address 439 Hope Street		
City Warwick	State RI	^{Zip} 02889	City Bristol	State RI	^{Zip} 02809
Director Name Henry A. Albers			Director Name None		
Street Address 70 Pearl Avenue			Street Address		
City Rumford	State RI	^{Zip} 02916	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	
Douglas E. Connell				03/22/2017	
Signature of Officer/Authorized Representative FILED 10 '.5 AM					

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

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