



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

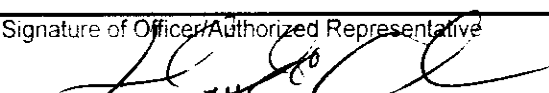
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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2017 MAR 24 AM 10:43

Annual Report for the year: **1996**

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.

1. Entity ID Number 28690		2. Exact name of the Corporation Moslem Grotto M.O.P.V.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 RI	Zip 02895
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<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 10:51 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 24 2017
 BY 299089 FORM 631 - Revised: 02/2017
 KM