



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

Annual Report for the year: 1994

Non-Profit Corporation

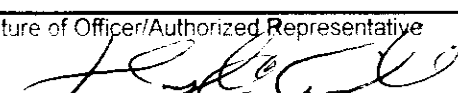
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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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 Nonprofit 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 Raymond A. Thomas			Vice-President Name Henry M. Albers		
Street Address 439 Hope Street			Street Address 70 Pearl Avenue		
City Bristol	State RI	Zip 02809	City Rumford	State RI	Zip 02916
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 Robert M. Chase			Director Name William R. Sweet		
Street Address 199 Lexington Avenue			Street Address 266 Fairview Avenue		
City Providence	State RI	Zip 02907	City Coventry	State RI	Zip 02816
Director Name Arthur Soder Jr.			Director Name None		
Street Address 88 Farmland Road			Street Address		
City Warwick	State RI	Zip 02889	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 					

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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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