



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **1993**

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 Arthur Soder Jr.			Vice-President 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
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 Anthony M. Olivieri			Director Name Robert M. Chase		
Street Address 1046 Chopmist Hill Road			Street Address 199 Lexington Avenue		
City No. Scituate	State RI	Zip 02867	City Providence	State RI	Zip 02907
Director Name William R. Sweet			Director Name None		
Street Address 266 Fairview Avenue			Street Address		
City Coventry	State RI	Zip 02816	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 10:48 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