



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

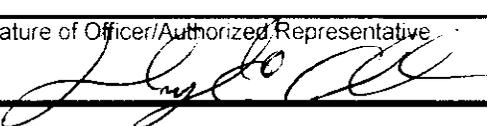
Annual Report for the year: **1988**

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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 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 Everett F. Hopkins			Vice-President Name Ernest C. Bobe		
Street Address 17 Amanda Street			Street Address 27 Wannaisett Avenue		
City Cranston	State RI	Zip 02920	City Riverside	State RI	Zip 02915
Secretary Name Philip R. Bradley			Treasurer Name Clifford S Westhorp		
Street Address 319 Lake Shore Drive			Street Address 352 Glenwood Avenue		
City Warwick	State RI	Zip 02889	City Pawtucket	State RI	Zip 02860
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 James O. Swanson			Director Name James K. Moffat		
Street Address 11 Arrow Avenue			Street Address 150 Gould Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02888
Director Name Irvin D. Follet			Director Name None		
Street Address 46 Harrington Road			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	

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
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FORM 631 - Revised: 02/2017