



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

Annual Report for the year:
Non-Profit Corporation

2017

→ 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 29568		2. Exact name of the Corporation Washington County Pomona Grange, Incorporated	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A Family Fraternal Community Service ORGANIZATION	
4. NAICS Code 813319			
6. Principal Office Address 891 Ten Rod Road		City NORTH KINGSTOWN	State R.I.
		Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name PAUL OHNECK		Vice-President Name HOWARD PASTER	
Street Address 96 GREENMAN AVE		Street Address 50 SOUTH ROAD, APT B	
City WESTERLY	State R.I.	City EXETER	State R.I.
Zip 02891		Zip 02822	
Secretary Name CAROL PERRY		Treasurer Name PATRICIA COTTRELL	
Street Address 891 TEN ROD ROAD		Street Address 899 WAITES CORNER ROAD	
City NORTH KINGSTOWN	State R.I.	City WEST KINGSTON	State R.I.
Zip 02852		Zip 02892	
8. 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 Thomas Gotaucio		Director Name JENNIE KNIGHT	
Street Address 796 Fletcher Road		Street Address 204C KRONDIKE ROAD	
City NO. KINGSTOWN	State R.I.	City CHARLESTOWN	State R.I.
Zip 02852		Zip 02813	
Director Name JOHN J. COTTRELL III		Director Name	
Street Address (891 E) 899 WAITES CORNER RD		Street Address	
City WEST KINGSTON	State R.I.	City	State
Zip 02892		Zip	
9. 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 CAROL PERRY			Date 6-19-17
Signature of Officer/Authorized Representative Carol Perry			

FILED 5/1

JUN 22 2017

BY

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