



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 <b>484828</b>		2. Exact name of the Corporation <b>ROGER WILLIAMS-RUMFORD GRANGE No. 52 P &amp; H, INC.</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>NON-PROFIT FRATERNAL ORGANIZATION</b>	
4. NAICS Code <b>813410</b>			
6. Principal Office Address <b>120 WILSON AVENUE</b>		City <b>RUMFORD</b>	State <b>RI</b>
		Zip <b>02916</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>JOHN A. LAWSON, JR.</b>		Vice-President Name <b>FRANK MOITZO</b>	
Street Address <b>120 WILSON AVENUE</b>		Street Address <b>64 SALISBURY STREET</b>	
City <b>RUMFORD</b>	State <b>RI</b>	City <b>REHOBOTH</b>	State <b>MA</b>
Zip <b>02916</b>		Zip <b>02769</b>	
Secretary Name <b>MRS. SHIRLEY LAWSON</b>		Treasurer Name <b>MRS. STELLA MOITZO</b>	
Street Address <b>120 WILSON AVENUE</b>		Street Address <b>64 SALISBURY STREET</b>	
City <b>RUMFORD</b>	State <b>RI</b>	City <b>REHOBOTH</b>	State <b>MA</b>
Zip <b>02916</b>		Zip <b>02769</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>MRS. LOUISE ROBERTS</b>		Director Name <b>ERIC JOHNSON</b>	
Street Address <b>7 CHURCH STREET, C108</b>		Street Address <b>125 PROVIDENCE ST., APT. 5413</b>	
City <b>GREENVILLE</b>	State <b>RI</b>	City <b>WEST WARWICK</b>	State <b>RI</b>
Zip <b>02828</b>		Zip <b>02893</b>	
Director Name <b>GEORGE GLOVER III</b>		Director Name	
Street Address <b>15 JACLYN DRIVE</b>		Street Address	
City <b>COVENTRY</b>	State <b>RI</b>	City	State
Zip <b>02816</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
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 <b>SHIRLEY A. LAWSON, SECRETARY</b>			Date <b>6/21/17</b>
Signature of Officer/Authorized Representative <i>Shirley A. Lawson</i>			

**FILED**

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