



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>26746</u>		2. Exact name of the Corporation <u>Ashaway Grange No. 50 P.of.H</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Non-profit Fraternal Club</u>	
5. Principal office address <u>11 Cemetery Lane</u>		City <u>Ashaway</u>	State <u>RI</u>
		Zip <u>02804</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Paul Ohneck</u>		Vice-President Name <u>Andrew Ohneck</u>	
Street Address <u>98 Greenman Ave</u>		Street Address <u>98 Greenman Ave</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Westerly</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
Secretary Name <u>Lauren Donohue</u>		Treasurer Name <u>Nicole Ohneck</u>	
Street Address <u>489 Victory Hwy</u>		Street Address <u>98 Greenman Ave</u>	
City <u>West Greenwich</u>	State <u>RI</u>	City <u>Westerly</u>	State <u>RI</u>
Zip <u>02817</u>		Zip <u>02891</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Carlisle Beth Caulfield</u>		Director Name <u>Andrew Ohneck</u>	
Street Address <u>5 Connors Ave</u>		Street Address <u>98 Greenman Ave</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Westerly</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02891</u>	
Director Name <u>Lauren Donohue</u>		Director Name	
Street Address <u>489 Victory Hwy</u>		Street Address	
City <u>West Greenwich</u>	State <u>RI</u>	City	State
Zip <u>02817</u>		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FILED

FOR SECRETARY OF STATE USE ONLY

AUG 15 2017

Form No. 621
 Revised: 04/2014

BY 16/18 [Signature]

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.

[Signature] 8/17/17
 Signature of Officer or Authorized Representative Date

Lauren Donohue
 Print or Type Name of Officer or Authorized Representative