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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018
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.

1. Entity ID Number 000029568	2. Exact name of the Corporation  Washington County Pomona Grange, Incorporated					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	A Family Fraternal Community Service Organization					
4. NAICS Code						
813312 - Environment, Cons	:					
6. Principal Office Address			City	State	Zip	
891 Ten Rod Road, Apt #1			North Kingstown,	Rhode Island	02852	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Paul Ohneck			Vice-President Name Howard Paster			
Street Address 98 Greenman Ave.			Street Address 50 South Road			
<sup>City</sup> Westerly,	State R.I.	Zip 02891	City Exeter	State R.I.	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.	<sup>Zip</sup> 02852	City West Kingston	State R.I.	Zip 02892	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Oirector Name Thomas Gotauco			Director Name John J. Cottrell, III			
Street Address 796 Fletcher Road			Street Address 899 Waites Corner Road			
City North Kingstown	State R.I.	<sup>Zip</sup> 02852	City West Kingston,	State R.I.	<sup>Zip</sup> 02892	
Director Name Darlene Pierce			Director Name			
Street Address 150 Shady Lee Road			Street Address			
City North Kingstown,	State R.I.	Zip 02852	City	State	Zip	
9. Registered Agent in Rhode Island. This Information is currently of record in the Department of State. Changes require filling 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, Treesurer, duty Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative				Date		
Carol, Perry				05/20/18		
Signature of Officer/Authorized Representative FILED						
Caroliferry						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 23 2018 BY 0 512

FORM 631 - Revised: 11/2017