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	2. Exact name of the Corporation
000029568	**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: **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**		
City **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.**	Zip **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 ☐

Director 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.**	Zip **02852**	City **West Kingston,**	State **R.I.**	Zip **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 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	Date
Carol. Perry	**05/20/18**

Signature of Officer/Authorized Representative: Carol Perry

FILED

MAY 23 2018

BY 2114 DS 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

FORM 631 - Revised: 11/2017

MAY 23 2018