



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

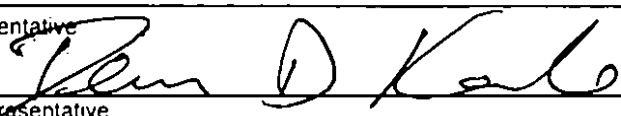
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JUN 18 PM 12:55

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1 Entity ID Number 27525		2 Exact name of the Corporation Kickemuit Grange No. 24, Patrons of Husbandry			
3 State of Incorporation Rhode Island		5 Brief description of the character of business conducted in Rhode Island A Fraternal Organization doing charitable works			
4 NAICS Code 813319 - Other Social Advocac					
6 Principal Office Address 19 Barrington Court			City Riverside	State RI	Zip 02915-1801S
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan Kenyon			Vice-President Name James D. Rebello		
Street Address 111 Ash Street			Street Address 135 Bushee Road		
City Rheobeth	State MA	Zip 02769	City Swansea	State MA	Zip 02777
Secretary Name Cathy Kamowski			Treasurer Name Dennis Kamowski		
Street Address 19 Barrington Court			Street Address 19 Barrington Court		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
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 Dennis Kamowski			Director Name Dennis Kamowski		
Street Address 19 Barrington Court			Street Address 19 Barrington Court		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name Cathy Kamowski			Director Name Arthur Manchester, Sr.		
Street Address 19 Barrington Court			Street Address 98 Lubec Street		
City Riverside	State RI	Zip 02915	City Providence	State RI	Zip 02904
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Dennis D. Kamowski				Date June 18, 2018	
Signature of Officer/Authorized Representative 					
SIGN DOCUMENT HERE					

FILED

JUN 18 2018

BY CN 332932

FORM 631 - Revised: 11/2017

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov