



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 000028662		2. Exact name of the Corporation Old Warwick Grange, No. 41 Patrons of Husbandry			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fraternal Organization			
4. NAICS Code 813410					
6. Principal Office Address 1175 West Shore Road		City Warwick	State RI	Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joan Clegg		Vice-President Name Paul Potter			
Street Address 4 Spring House Lane		Street Address 77 Doris Avenue			
City Cumberland	State RI	Zip 02864	City Warwick	State RI	Zip 02889
Secretary Name Patricia Keenan		Treasurer Name Christopher Clegg			
Street Address 26 Glendale Drive		Street Address 4 Spring House Lane			
City West Warwick	State RI	Zip 02893	City Cumberland	State RI	Zip 02864
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 Donald Nevin		Director Name Robert Keenan			
Street Address 123 Myrtle Avenue		Street Address 26 Glendale Drive			
City Cranston	State RI	Zip 02910	City West Warwick	State RI	Zip 02893
Director Name Richard Fuller		Director Name Andrew Briggs			
Street Address 24 Diploma Street		Street Address 222 Warwick Neck Avenue			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02889
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 Joan Clegg				Date 06/26/18	
Signature of Officer/Authorized Representative 				ON DOCUMENT HERE FILED JUN 28 2018 BY <u>1962</u>	

MAIL TO:
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