RI SOS Filing Number: 201872758640 Date: 7/24/2018 4:00:00 PM

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
27468	**Kent County Pomona Grange No. 3**
3. State of Incorporation: **Rhode Issland**	5. Brief description of the character of business conducted in Rhode Island: **A Family Fraternal Community Service Organization**
4. NAICS Code: **813319 - Other Social Advocac**	

6. Principal Office Address	City	State	Zip
6502 Flat River Road	**Greene**	**RI**	**02827**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Walter Hartley**			Vice-President Name: **Kent Novak**		
Street Address: **601 Hartford**			Street Address: **246 Camp Westwood Road**		
City: **North Scituate**	State: **RI**	Zip: **02857**	City: **Greene**	State: **RI**	Zip: **02827**
Secretary Name: **Barbara Rush**			Treasurer Name: **Paul Rush**		
Street Address: **6502 Flat River Road**			Street Address: **6502 Flat River Road**		
City: **Greene**	State: **RI**	Zip: **02827**	City: **Greene**	State: **RI**	Zip: **02827**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: **James T Chase**			Director Name: **Joan Clegg**		
Street Address: **457 Hill Farm Road**			Street Address: **4 Spring House Lane**		
City: **Coventry**	State: **RI**	Zip: **02716**	City: **Cumberland**	State: **RI**	Zip: **02864**
Director Name: **Danielle Hartley**			Director Name:		
Street Address: **601 Hartford Pike**			Street Address:		
City: **North Scituate**	State: **RI**	Zip: **02857**	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
Barbara Rush	**7-20-2018**

Signature of Officer/Authorized Representative: Barbara Rush — SIGN DOCUMENT HERE

FILED
JUL 24 2018
BY 1292

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