**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**
**Office of the Secretary of State - Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021

**Filing Period:** June 1 - June 30 - **This report must be typed or printed legibly.**
**Filing Fee:** $20.00 - **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID No. | 2. Exact name of the Corporation |
|---|---|
| 27934 | PATRONS OF HUSBANDRY LITTLE COMPTON GRANGE #32 |
| 3. State of Incorporation: RI | 4. Brief description of the character of business conducted in Rhode Island: NON PROFIT AGRICALTURE FRATERNAL EDUCATIONAL, ORGANIZATIONAL, PROMOTING FAMILY LIFE, CITIZENSHIP, COMMUNITY SERVICE |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 460 B LONGHIGHWAY | LITTLE COMPTON | RI | 02837 |

**6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Vice-President Name |
|---|---|
| DOUGLAS W WAITE | BENJAMIN GOLDABLOOME |
| Street Address: 1492 CRANDALL RD | Street Address: 15 RANDOLF AV |
| City: TIVERTON State: RI Zip: 02878 | City: TIVERTON State: RI Zip: 02878 |
| **Secretary Name** | **Treasurer Name** |
| WALTER C ELWELL | NORMA A ELWELL |
| Street Address: 460B LONGHIGHWAY | Street Address: 460B LONG HIWAY |
| City: LITTLE COMPTON State: RI Zip: 02837 | City: LITTLE COMPTON State: RI Zip: 02837 |

**7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)** ☐

| Director Name | Director Name |
|---|---|
| STEPHEN DERBY | BENJAMIN GOLDENBLOOM |
| Street Address: 15 NIGHTINGAIL LANE | Street Address: 15 RANDOLF AV |
| City: TIVERTON State: RI Zip: 02878 | City: TIVERTON State: RI Zip: 02878 |
| **Director Name** | **Director Name** |
| ERIC WAITE | |
| Street Address: 149 BRAYTON RD | Street Address: |
| City: TIVERTON State: RI Zip: 02878 | City: State: Zip: |

**8. REGISTERED AGENT IN RHODE ISLAND**
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

*This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

**FILED**
MAY 13 2021
BY BSB

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Walter C Elwell 5/10/21
Signature of Officer Date

WALTER C ELWELL
Print or Type Name of Officer

SECRETARY
Title of Officer

Form No. 631
Revised: 05/2012