



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2021

## 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.

JUN 17 2021

2184

1. Entity ID Number 000029568		2. Exact name of the Corporation Washington County Pomona Grange			
3. State of Incorporation ri		5. Brief description of the character of business conducted in Rhode Island Non-Profit Fraternal corporate that owns and operates a fair			
4. NAICS Code 813312 - Environment, Conserve					
6. Principal Office Address 891 Ten Rod Road		City North Kingstown		State RI	Zip 02852
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Howard Paster			Vice-President Name Roxanne Nelson		
Street Address 50 South Road			Street Address 749 Waites Corner Road		
City Exeter	State R.I.	Zip 02822	City West Kingston	State RI	Zip 02892
Secretary Name Carol Perry			Treasurer Name Patricia Cottrell		
Street Address 891 Ten Rod Road			Street Address 899 Waites Corner Road		
City North Kingstown	State RI	Zip 02852	City West Kingston	State RI	Zip 02892
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Todd Poulas			Director Name Darlene Pierce		
Street Address 952 Mooresfield Road			Street Address 150 Shady Lea Road		
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
Director Name Paul Ohneck			Director Name		
Street Address 4 Debra Drive			Street Address		
City Carolina	State RI	Zip 02812	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Carol Perry, Secretary				Date June 9, 2021	
Signature of Officer/Authorized Representative <i>Carol Perry - Secretary</i>					