



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.

FILED
 JUL 20 2021
 6119 *OR*

1. Entity ID Number 000489445		2. Exact name of the Corporation Northeast Grange Lecturers Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To carry out the educational, charitable and fraternal programs of that non-profit fraternal organization commonly known as the National Grange, Patrons of Husbandry, as they pertain to its programs throughout the states of Rhode Island and it's sister states in New England and the state of New York.			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 601 Hartford Pike		City North Scituate	State RI	Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Margaret Morse		Vice-President Name Matthew Clark			
Street Address 850 Main Street		Street Address 11 Green Acres Road			
City Eliot	State Maine	Zip 03903	City Keene	State N.H.	Zip 03431
Secretary Name Jolene Pirrone		Treasurer Name vacant			
Street Address PO Box 69		Street Address			
City East Chatham	State NY	Zip 12060	City	State	Zip
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 Alice Dailey		Director Name Kristan Paulson			
Street Address 72-222 Heineberg Rd.		Street Address 67 Ridge Rd			
City Burlington	State VT	Zip 05408	City Upton	State MA	Zip 01568
Director Name Danielle Hartley		Director Name			
Street Address 601 Hartford Pike		Street Address			
City North Scituate	State RI	Zip 02857	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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, duty Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Danielle M Hartley				Date 07/18/2021	
Signature of Officer/Authorized Representative <i>Danielle M Hartley</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov