



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023

FEB 03 2023

OK

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 000484828		2. Exact name of the Corporation ROGER WILLIAMS-RUMFORD GRANGE No. 52 P.O.F.H., INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island NON-PROFIT FRATERNAL ORGANIZATION			
4. NAICS Code 813410					
6. Principal Office Address 120 WILSON AVENUE			City RUMFORD	State RI	Zip 02916
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MRS. JUDI WHITE			Vice-President Name MRS. JENNIFER LAWSON		
Street Address 179 MAPLE STREET			Street Address 120 WILSON AVENUE		
City ATTLEBORO	State MA	Zip 02703	City RUMFORD	State RI	Zip 02916
Secretary Name MRS. SHIRLEY LAWSON			Treasurer Name MRS. STELLA MOLITZO		
Street Address 120 WILSON AVENUE			Street Address 64 SALISBURY STREET		
City RUMFORD	State RI	Zip 02916	City REHOBOTH	State MA	Zip 02769
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 ERIC JOHNSON			Director Name ROBERT HOWARD		
Street Address 185 PROVIDENCE STREET APT. 405			Street Address 97 HOWARD LANE		
City WEST WARWICK	State RI	Zip 02893	City NO. SCITUATE	State RI	Zip 02857
Director Name JAMES GUEL			Director Name - NONE -		
Street Address 201 LAKE STREET UNIT # 35			Street Address		
City EAST WEYMOUTH	State MA	Zip 02189	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.					
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 SHIRLEY A. LAWSON				Date 2/1/23	
Signature of Officer/Authorized Representative <i>Shirley A. Lawson</i>					

MAIL TO:

Division of Business Services

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