



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year:

2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

 FEB 07 2023
 BY *[Signature]*

| | | | | | |
|--|-------------|--|--|----------------|--------------|
| 1. Entity ID Number 000525667 | | 2. Exact name of the Corporation PROVIDENCE COUNTY POMONA GRANGE No. 1 | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island NON-PROFIT FRATERNAL ORGANIZATION | | | |
| 4. NAICS Code 81341 | | | | | |
| 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. JENNIFER LAWSON | | | Vice-President Name MRS. MARIE ROBIDOUX | | |
| Street Address 120 WILSON AVENUE | | | Street Address 750 PUTNAM PIKE | | |
| City RUMFORD | State RI | Zip 02916 | City CHEPACHET | State RI | Zip 02814 |
| Secretary Name MRS. SHIRLEY LAWSON | | | Treasurer Name MRS. STELLA MALTOZO | | |
| 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 MISS DISA JOHNSON | | | Director Name EDWARD W. SUESS | | |
| Street Address 94 COWESETT AVENUE #12 | | | Street Address 127 SAUNDERS BROOK ROAD | | |
| City WEST WARWICK | State RI | Zip 02893 | City CHEPACHET | State RI | Zip 02814 |
| Director Name MARK RECHTER | | | Director Name - NONE - | | |
| Street Address 1218 PUTNAM PIKE | | | Street Address | | |
| City CHEPACHET | State RI | Zip 02814 | 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 2/4/23 | |
| Signature of Officer/Authorized Representative <i>Shirley A. Lawson</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