



State of Rhode Island

Department of State - Business Services Division

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.

FILED TAMP

FEB 10 2023

BY

| | | | | | |
|--|-----------------|---|--|---------------------------------|---------------------|
| 1. Entity ID Number 000029671 | | 2. Exact name of the Corporation Perryville Grange, Incorporated | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Fraternal non-profit organization | | | |
| 4. NAICS Code 813410 | | | | | |
| 6. Principal Office Address 201 Klondike Road | | | City Charlestown | State RI | Zip 02813 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Harole Stedman | | | Vice-President Name Kristen FLynn | | |
| Street Address 879 Stonington Road | | | Street Address 220 Earle Drive | | |
| City Pawcatuck | State CT | Zip 06379 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name Cassandra Crandall | | | Treasurer Name David Crandall | | |
| Street Address 201 Klondike Road | | | Street Address 201 Klondike Road | | |
| City Charlestown | State RI | Zip 02813 | City Charlestown | State RI | Zip 02813 |
| 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 Roger Stedman | | | Director Name Rodney Gilbert | | |
| Street Address 510 Klondike Road | | | Street Address 2378 Post Road | | |
| City Charlestown | State RI | Zip 02813 | City Wakefield | State RI | Zip 02879 |
| Director Name Barbara Gilbert | | | Director Name | | |
| Street Address 2378 Post Road | | | Street Address | | |
| City Wakefield | State RI | Zip 02879 | 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, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative Cassandra E. Crandall | | | | Date February 1, 2023 | |
| Signature of Officer/Authorized Representative <i>Cassandra E. Crandall</i> | | | | | |

MAIL TO:
 Division of Business Services
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