



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 [Signature]

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 <u>Cassandra E. Crandall</u>					

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