



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**

FEB 15 2023

BY

1. Entity ID Number <b>000028824</b>		2. Exact name of the Corporation <b>Quonoc ontaug Grange, No. 48 P. of H.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Fraternal non-profit organization</b>			
4. NAICS Code <b>813Y10</b>					
6. Principal Office Address <b>201 Klondike Road</b>		City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Cassandra Crandall</b>		Vice-President Name <b>David Mashl</b>			
Street Address <b>201 Klondike Road</b>		Street Address <b>8908 Carole Circle</b>			
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Urbandale</b>	State <b>IA</b>	Zip <b>50322</b>
Secretary Name <b>David Crandall</b>		Treasurer Name <b>Kathleen Mashl</b>			
Street Address <b>201 Klondike Road</b>		Street Address <b>8908 Carole Circle</b>			
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Urbandale</b>	State <b>IA</b>	Zip <b>50322</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Lorraine Corr</b>		Director Name <b>Aaron Arzamarski</b>			
Street Address <b>6901 Winding Cypress Drive</b>		Street Address <b>1009 Churchill Road</b>			
City <b>Naples</b>	State <b>FL</b>	Zip <b>34114</b>	City <b>Davidson</b>	State <b>NC</b>	Zip <b>28036</b>
Director Name <b>Harold Stedman</b>		Director Name			
Street Address <b>879 Stonington Road</b>		Street Address			
City <b>Pawcatuck</b>	State <b>CT</b>	Zip <b>06379</b>	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 <b>Cassandra E. Crandall</b>				Date <b>February 1, 2023</b>	
Signature of Officer/Authorized Representative <i>Cassandra E. Crandall</i>					

MAIL TO:  
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Website: www.sos.nh.gov