



**State of Rhode Island
Department of State - Business Services Division**

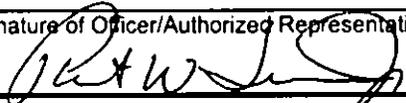
Annual Report for the year: 2021

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.

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BUS SVCS DIV

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|--|-----------------|---|---|------------------------|------------------|
| 1. Entity ID Number 29984 | | 2. Exact name of the Corporation CONANICUT GRANGE NO. 21. PATRONS OF HUSBANDRY | | | |
| 3. State of Incorporation RHODE ISLAND | | 5. Brief description of the character of business conducted in Rhode Island Farmers association | | | |
| 4. NAICS Code 813910 | | | | | |
| 6. Principal Office Address 6 West Street | | City Jamestown | State RI | Zip 02835 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Robert W. Sutton, Jr. | | | Vice-President Name Martha Neale | | |
| Street Address 28 Rosemary Lane | | | Street Address 71 Weeden Lane | | |
| City Jamestown | State RI | Zip 02835 | City Jamestown | State RI | Zip 02835 |
| Secretary Name Linda Sutton | | | Treasurer Name Robert W. Sutton, Jr. | | |
| Street Address 28 Rosemary Lane | | | Street Address 28 Rosemary Lane | | |
| City Jamestown | State RI | Zip 02835 | City Jamestown | State RI | Zip 02835 |
| 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 Linda Sutton | | | Director Name George Neale | | |
| Street Address 28 Rosemary Lane | | | Street Address 71 Weeden Lane | | |
| City Jamestown | State RI | Zip 02835 | City Jamestown | State RI | Zip 02835 |
| Director Name Martha Neale | | | Director Name Robert Sutton | | |
| Street Address 71 Weeden Lane | | | Street Address 71 Weeden Lane | | |
| City Jamestown | State RI | Zip 02835 | City Jamestown | State RI | Zip 02835 |
| 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | | | |
| Name of Officer/Authorized Representative Robert W. Sutton, Jr. | | | | Date 8/11/23 | |
| Signature of Officer/Authorized Representative  | | | | | |

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

AUG 16 2023
BY ML DZGAS

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