



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2020

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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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 AUG 16 A 11:40

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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 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.					
<b>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.</b>					
<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 <b>Robert W. Sutton, Jr.</b>					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

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BY ML DZGAS  
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