



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Non-Profit Corporation

FEB 01 2024

BY PJ 1089

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000525667</u>		2. Exact name of the Corporation <u>PROVIDENCE COUNTY POMONA GRANGE NO. 1, INC.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>NON-PROFIT FRATERNAL ORGANIZATION</u>			
4. NAICS Code <u>81341</u>					
6. Principal Office Address <u>120 WILSON AVENUE</u>			City <u>RUMFORD</u>	State <u>RI</u>	Zip <u>02916</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>MRS. JENNIFER LAWSON</u>			Vice-President Name <u>MRS. MARIE ROBIDOUX</u>		
Street Address <u>120 WILSON AVENUE</u>			Street Address <u>750 PUTNAM PIKE</u>		
City <u>RUMFORD</u>	State <u>RI</u>	Zip <u>02916</u>	City <u>CHEPACHET</u>	State <u>RI</u>	Zip <u>02814</u>
Secretary Name <u>MRS. SHIRLEY LAWSON</u>			Treasurer Name <u>MRS. STELLA MOITZO</u>		
Street Address <u>120 WILSON AVENUE</u>			Street Address <u>64 SALISBURY STREET</u>		
City <u>RUMFORD</u>	State <u>RI</u>	Zip <u>02916</u>	City <u>REHOBOTH</u>	State <u>MA</u>	Zip <u>02769</u>
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 <u>MISS DISA JOHNSON</u>			Director Name <u>EDWARD W. SUESS</u>		
Street Address <u>94 COWESETT AVENUE #12</u>			Street Address <u>127 SAUNDERS BROOK ROAD</u>		
City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>CHEPACHET</u>	State <u>RI</u>	Zip <u>02814</u>
Director Name <u>MARK RECHTER</u>			Director Name <u>- NONE -</u>		
Street Address <u>1218 PUTNAM PIKE</u>			Street Address		
City <u>CHEPACHET</u>	State <u>RI</u>	Zip <u>02814</u>	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 <u>SHIRLEY A. LAWSON</u>				Date <u>2/1/24</u>	
Signature of Officer/Authorized Representative <u>Shirley A. Lawson</u>					

MAIL TO:
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