



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2024**

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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STANDARD

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1. Entity ID Number 000028824		2. Exact name of the Corporation Ouonochontaug Grange, No. 48 P. of H.			
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 c/o Cassandra Crandall, 201 Klondike Rd			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 Cassandra Crandall			Vice-President Name David Mashl		
Street Address 201 Klondike Rd			Street Address 8908 Carole Circle		
City Charlestown	State RI	Zip 02813	City Urbandale	State IA	Zip 50322
Secretary Name David Crandall			Treasurer Name Kathleen Mashl		
Street Address 201 Klondike Rd			Street Address 8908 Carole Circle		
City Charlestown	State RI	Zip 02813	City Urbandale	State IA	Zip 50322
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 Lorraine Corr			Director Name Aaron Arzamarski		
Street Address 6901 Winding Cyress Drive			Street Address 1009 Churchill Rd		
City Naples	State FL	Zip 34114	City Davidson	State NC	Zip 28036
Director Name Harold Stedman			Director Name _____		
Street Address 879 Stonington Rd			Street Address _____		
City Pawcatuck	State CT	Zip 06379	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, 2024	
Signature of Officer/Authorized Representative <i>Cassandra E. Crandall</i>					

MAIL TO:
Division of Business Services
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