

**State of Rhode Island  
Office of the Secretary of State****Fee: \$20.00**Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024**1. Corporate ID No.** 000031243**2. Name of Corporation** Rocky Hill Grange Corporation of Rhode Island**3. State of Incorporation**State: RI**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990**4. Principal Office Address**No. and Street: 1340 SOUTH COUNTY TRAILCity or Town: EAST GREENWICHState: RI Zip: 02818 Country: USA**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**GRANGE**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

**Title****Individual Name**

First, Middle, Last, Suffix

**Address**

Address, City or Town, State, Zip Code, Country

PRESIDENT	DAVID C VANDERPYL	19 LONGFELLOW DRIVE NORTH KINGSTOWN, RI 02852 USA
SECRETARY	DOROTHY M VANDERPYL	19 LONGFELLOW DR NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	DEBORAH SANTTI	60 CREAMER AVE WARWICK, RI 02886 USA
DIRECTOR	JACQUELINE FICAZZOLA	91 CHATWORTH AVE WARWICK, RI 02886 USA
DIRECTOR	BERYL NYE	6032 FLAT RIVER RD GREENE, RI 02827 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DAVID C. VANDER PYL 19 LONGFELLOW DRIVE NORTH KINGSTOWN , RI 02852

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 24 Day of April, 2024 at 11:29:20 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DAVID VANDERPYL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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