	State of Rhode Office of the Secreta		Fee: \$20.00	
	<b>Division Of Busines</b>			
	148 W. River S			
1636	Providence RI 029 (401) 222-30			
	(+01) 222 30			
Non-Profit Corporation Annual Report				
Filing Period: February 1 - Ma	ay 1			
	-6-94, each corporation failing prescribed by law (R.I.G.L. 7-6			
ANNUAL REPORT YEAR - E	NTER THE CURRENT YEAR <b>2</b>	<b>024</b> : <u>2024</u>		
1. Corporate ID No. 000	026746			
2. Name of Corporation Ashaway Grange No. 50 P. of H.				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
primary type of activity in wh populate a NAICS Code bas	NAICS Code below, select the nich your entity engages. The ed on the chosen selection. If assistance with selecting a clas	box to the right of the the NAICS Code is k	e dropdown will	
NAICS Code				
<u>813410</u>				
4. Principal Office Address				
No. and Street: 11 CF	METERY LANE			
City or Town: <u>ASHAN</u>		: <u>RI</u> Zip: <u>02804</u>	Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
FRATERNAL CLUB				
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		lress	
<u> </u>	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country	
l				

PRESIDENT	PAUL OHNECK	4 DEBRA DRIVE CAROLINA, RI 02812 USA	
TREASURER	NICOLE MARIE OHNECK	4 DEBRA DRIVE CAROLINA, RI 02812 USA	
SECRETARY	MYSTY BILLINGS	4 DEBRA DRIVE CAROLINA, RI 02812 USA	
VICE PRESIDENT	ANDREW OHNECK	4 DEBRA DRIVE CAROLINA, RI 02812 USA	
DIRECTOR	ANDREW JOHNATHAN OHNECK	4 DEBRA DRIVE CAROLINA, RI 02812 USA	
DIRECTOR	LAUREN DONOHUE	48G VICTORY HIGHWAY WEST GREENWICH , RI 02817 USA	
DIRECTOR	JENNA ROSE OHNECK	4 DEBRA DRIVE CAROLINA, RI 02812 USA	
DIRECTOR	CARLIE BETH CAULFIELD	5 CONNORS AVENUE WESTERLY , RI 02891 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

NICOLE OHNECK 4 DEBRA DRIVE CAROLINA , RI 02812

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

**Signed this 30 Day of April, 2024 at 12:04:29 PM 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 NICOLE OHNECK

Signature of Authorized Person

Form No. 631 Revised 09/07

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