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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 03 2025
BY

Annual Report for the year: 2025
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.

1. Entity ID Number	2. Exact name of the Corporation
000029671	Perryville Grange, Incorporated
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	City	State	Zip
c/o Cassandra Crandall, 201 Klondike Rd	Charlestown	RI	02813

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Harold Stedman, Srl			Vice-President Name: Kristen Flynn		
Street Address: 879 Stonington Rd.			Street Address: 220 Earle Drive		
City: Pawcatuck	State: CT	Zip: 06379	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Cassandra Crandall			Treasurer Name: David Crandall		
Street Address: 201 Klondike Rd			Street Address: 201 Klondike Rd		
City: Charlestown	State: RI	Zip: 02813	City: Charlestown	State: RI	Zip: 02813

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Rodney Gilbert			Director Name: Barbara Gilbert		
Street Address: 2378 Post Rd			Street Address: 2378 Post Rd		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879
Director Name: Roger Stedman			Director Name: ----------		
Street Address: 510 Klondike Rd			Street Address:		
City: Charlestown	State: RI	Zip: 02813	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	Date
Cassandra E. Crandall	**February 1, 2025**

Signature of Officer/Authorized Representative: Cassandra E Crandall

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023