RI SOS Filing Number: 202564432280 Date: 2/3/2025 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

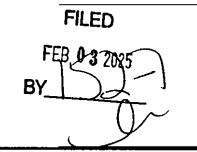
Annual Report for the year:

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



-> Penalty. Additional \$25.00 lee ii	torm is not filed by	May 31					
1. Entity ID Number 000029671	Exact name of the Corporation Perryville Grange, Incorporated						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Fraternal non-profit organization						
4. NAICS Code					ı		
813410					:		
6. Principal Office Address	<u> </u>		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 Stoningto	on Rd.		Street Address 220 Earle Drive				
^{City} Pawcatuck	State CT	^{Zip} 06379	City North Kingstown	State RI	Z _{IP} U2852		
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	7 02813		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.							
Director Name Rodney Gilbert	•	Check the box to indicate an attachment Director Name Barbara Gilbert					
Rodney Gilbert							
Street Address 2378 Post Rd			Street Address 2378 Post Rd				
^{City} Wakefield	State RI	^{Zip} 02879	^{City} Wakefield	State RI	^{Ζιρ} 02879		
Director Name Roger Stedma				•			
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. Crand		February 1	, 2025				
Signature of Officer/Authorized Representative							
CASSANDARE CARNONIC							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov