



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.

FILED

FEB 03 2025

BY

1. Entity ID Number 000029671		2. Exact name of the Corporation 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 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 ☐					
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 02882
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.					
<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, 2025	
Signature of Officer/Authorized Representative <i>Cassandra E. Crandall</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov