



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>28848</b>		2. Exact name of the Corporation <b>NANAQUAKET GRANGE No. 49, PATRONS OF HUSBANDRY</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate Address in RI - Street Address <b>1215 MAIN ROAD</b>		City <b>TIVERTON</b>	Zip <b>02878</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island <b>FRATERNAL ORGANIZATION WITH EMPHASIS ON AGRICULTURAL MATTERS AND COMMUNITY SERVICE</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>MARIE JEANNETTE KENYON</b>			Vice-President Name <b>KATHY BOYER</b>		
Street Address <b>8 MARIGOLD AVENUE</b>			Street Address <b>2688 PHILLIPS ROAD</b>		
City <b>SOMERSET</b>	State <b>MA</b>	Zip <b>02726</b>	City <b>NEW BEDFORD</b>	State <b>MA</b>	Zip <b>02745</b>
Secretary Name <b>HENRY BOYER</b>			Treasurer Name <b>JOHN KENYON JR.</b>		
Street Address <b>2688 PHILLIPS ROAD</b>			Street Address <b>92 VERNON STREET</b>		
City <b>NEW BEDFORD</b>	State <b>MA</b>	Zip <b>02745</b>	City <b>WARREN</b>	State <b>RI</b>	Zip <b>02885</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>GERMAINE BISHAL</b>			Director Name <b>SELMA BROWN</b>		
Street Address <b>631 TOWER STREET</b>			Street Address <b>1800 HIGHLAND AVENUE</b>		
City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02721</b>	City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02720</b>
Director Name <b>JAMES REBELLO SR.</b>			Director Name		
Street Address <b>135 BUSHEE ROAD</b>			Street Address		
City <b>SOMERSET</b>	State <b>MA</b>	Zip <b>02777</b>	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 631  
Revised: 01/2012

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.

*Marie Jeannette Kenyon* 02/13/2012  
Signature of Officer Date

**MARIE JEANNETTE KENYON**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer

**FILED**  
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SECRETARY OF STATE  
CORPORATIONS DIV.