

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$20.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	 LOGOUT

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30



Help with this form

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: <input type="text" value="2015"/>			
1. Corporate ID No. <input type="text" value="000026574"/>			
2. Name of Corporation <u>Anthony Grange No. 51 Patrons of Husbandry</u>			
3. State of Incorporation			
State: <u>RI</u>		FILED	
4. Corporate Address in Rhode Island			
No. and Street:	<input type="text" value="585 WASHINGTON STREET"/>	MAY 19 2015 BY <u>Confitem# 323856</u>	
City or Town:	<input type="text" value="COVENTRY"/>	State: RI	Zip: <input type="text" value="02816"/> Country: USA
5. Foreign Corporation. Enter Principal Office Address			
No. and Street:	<input type="text"/>		
City or Town:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/> Country: <input type="text"/>
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island			
<u>FRATERNAL ORDER CONCERNED WITH AGRICULTURE AND FAMILY</u>			
7. Names and Addresses of the Officers and Directors:			
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23			
	Title	Individual Name	Address
Delete		First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
	TREASURER	SHIRLEY MORGAN	

<input type="checkbox"/>			777 COWESETT RD WARWICK, RI 02866 USA
<input type="checkbox"/>	SECRETARY	MARY SUNDERLIN	170 CAMP WESTWOOD RD GREENE, RI 02822 USA
<input type="checkbox"/>	PRESIDENT	PAUL MCQUAID	36 HAZARD STREET COVENTRY, RI 02816 USA
<input type="checkbox"/>	DIRECTOR	GEORGE MORGAN	1011 BALD HILL ROAD LOT 112 WARWICK, RI 02886
<input type="checkbox"/>	DIRECTOR	JOSEPH SZERLAG	144 PRINCETON ST COVENTRY, RI 02816 USA
<input type="checkbox"/>	DIRECTOR	KEITH SUNDERLIN	170 CAMP WESTWOOD RD GREENE, RI 02822 USA

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:

Address: City: State: Zip: Country:

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

PAUL MCQUAID 36 HAZARD STREET COVENTRY , RI 02816

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

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name:

Business Name:

No. and Street:

City or Town: State: Zip: Country:

Contact Phone: ext:

Contact Email:

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 19 Day of May, 2015 at 11:40:16 AM 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
 Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing

Accept Decline

[Click HERE to Submit This Information](#)

Form No. 631
Revised 09/07

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