



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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.

1. Corporate ID No. 27581		2. Name of Corporation OTHA BOONE Lodge #931 I.B.P.O.E.W			
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 32 HASKIN ST		City PROV	Zip 02903
5. Foreign corporation. Enter principal office address				City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island fired The Home Less. Active in The Neighbor. (HELP FIRE VICTIMS) HELP OUT IN THE COMMUNITY SENIORS DINNER ETC.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MACK QUALLS			Vice President Name John Ashley		
Street Address 16 GATE STREET			Street Address 146 Doyle Ave		
City PAWTUCKET	State R.I.	Zip 02860	City PROV.	State R.I.	Zip 02906
Secretary Name THEARTIC BROOKS			Treasurer Name CALVIN SIMPSON		
Street Address 825 PONTIAC AVE			Street Address 276 WILLARD AVE		
City PROV.	State R.I.	Zip 02910	City PROV	State R.I.	Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name MACK QUALLS			Director Name THEARTIC BROOKS		
Street Address 16 GATE STREET			Street Address 825 PONTIAC AVE APT. 1-202		
City PAWTUCKET	State R.I.	Zip 02860	City CRANSTON	State R.I.	Zip 02910
Director Name John Ashley			Director Name CALVIN SIMPSON		
Street Address 146 Doyle Ave			Street Address 276 WILLARD AVE		
City PROV.	State R.I.	Zip 02906	City PROV.	State R.I.	Zip 02905
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Theartic Brooks			Address		
Address 32 Haskin St. Prov. R.I. 02903			City		

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

File Date	FILED
Check No.	MAY 29 2008
By:	2393
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer
Mack Qualls 5/27/08
DatePrint or Type Name of Officer
MACK QUALLSTitle of Officer
EXALTED RULER