



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 2009

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.<br><b>26552</b>                                                                                                          |                    | 2. Name of Corporation<br><b>HOPE LODGE, No. 25 ANCIENT FREE &amp; ACCEPTED MASONS</b> |                     |
| 3. State of Incorporation<br><b>RI</b>                                                                                                       |                    | 4. Corporate address in Rhode Island - Street Address<br><b>64 COLUMBIA STREET</b>     |                     |
|                                                                                                                                              |                    | City<br><b>WAKEFIELD</b>                                                               | Zip<br><b>02879</b> |
| 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                                            |                    |                                                                                        |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |                    |                                                                                        |                     |
| President Name<br><b>DAVID W. DILLMANN</b>                                                                                                   |                    | Vice President Name<br><b>MICHAEL T. GARR</b>                                          |                     |
| Street Address<br><b>171 SYCAMORE COVE ROAD</b>                                                                                              |                    | Street Address<br><b>109 ENTERPRISE TERRACE</b>                                        |                     |
| City<br><b>WAKEFIELD</b>                                                                                                                     | State<br><b>RI</b> | City<br><b>KINGSTON</b>                                                                | State<br><b>RI</b>  |
| Zip<br><b>02879</b>                                                                                                                          |                    | Zip<br><b>02881</b>                                                                    |                     |
| Secretary Name<br><b>LOUIS B. CLARK</b>                                                                                                      |                    | Treasurer Name<br><b>ROBERT A. BORGES</b>                                              |                     |
| Street Address<br><b>794 MINISTERIAL ROAD</b>                                                                                                |                    | Street Address<br><b>81 WIDOW SWEET ROAD</b>                                           |                     |
| City<br><b>WAKEFIELD</b>                                                                                                                     | State<br><b>RI</b> | City<br><b>EXETER</b>                                                                  | State<br><b>RI</b>  |
| Zip<br><b>02879</b>                                                                                                                          |                    | Zip<br><b>02822</b>                                                                    |                     |
| 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<br><b>DAVID W. DILLMANN</b>                                                                                                    |                    | Director Name<br><b>MICHAEL T. GARR</b>                                                |                     |
| Street Address<br><b>171 SYCAMORE COVE ROAD</b>                                                                                              |                    | Street Address<br><b>109 ENTERPRISE TERRACE</b>                                        |                     |
| City<br><b>WAKEFIELD</b>                                                                                                                     | State<br><b>RI</b> | City<br><b>KINGSTON</b>                                                                | State<br><b>RI</b>  |
| Zip<br><b>02879</b>                                                                                                                          |                    | Zip<br><b>02881</b>                                                                    |                     |
| Director Name<br><b>LOUIS B. CLARK</b>                                                                                                       |                    | Director Name<br><b>ROBERT A. BORGES</b>                                               |                     |
| Street Address<br><b>794 MINISTERIAL ROAD</b>                                                                                                |                    | Street Address<br><b>81 WIDOW SWEET ROAD</b>                                           |                     |
| City<br><b>WAKEFIELD</b>                                                                                                                     | State<br><b>RI</b> | City<br><b>EXETER</b>                                                                  | State<br><b>RI</b>  |
| Zip<br><b>02879</b>                                                                                                                          |                    | Zip<br><b>02822</b>                                                                    |                     |
| 9. REGISTERED AGENT IN RHODE ISLAND                                                                                                          |                    |                                                                                        |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 |                    |                                                                                        |                     |

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

|                                 |                       |
|---------------------------------|-----------------------|
| <b>FILED</b>                    |                       |
| File Date                       | <b>MAY 18 2009</b>    |
| Check No.                       | <b>1355</b>           |
| By                              | <b>LOUIS B. CLARK</b> |
| 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.

**Louis B. Clark** 5/13/2009  
Signature of Officer Date  
**LOUIS B. CLARK**  
Print or Type Name of Officer  
**LODGE SECRETARY**  
Title of Officer