



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

A. Ralph Molis, 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. 67267		2. Name of Corporation SOUTH KINGSTOWN MASONIC HALL	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 64 COLUMBIA ST. P.O. Box 285	
		City WAKEFIELD	Zip 02879
5. Foreign corporation. Enter principal office address		City	State RI
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 THOMAS NORTHUP		Vice President Name MICHAEL T. GARR	
Street Address 3782 SOUTH COUNTY TRAIL		Street Address 109 ENTERPRISE TERRACE	
City RICHMOND	State RI	Zip 02836	City KINGSTON
Secretary Name ROBERT A. BORGES		Treasurer Name EMIL W. MITTENDORF	
Street Address 81 WIDOW SWEET ROAD		Street Address 19 MITTENDORF ROAD	
City EXETER	State RI	Zip 02822	City WAKEFIELD
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 JOHN H. ADAMS		Director Name CLIFFORD FANTELL	
Street Address 35 LIENAWAY		Street Address 61 CLARK LANE	
City COVENTRY	State RI	Zip 02816	City KINGSTON
Director Name HAROLD SMITH		Director Name ROBERT BUTHER	
Street Address 2469 1 st ROAD		Street Address 40 SPRING STREET	
City WAKEFIELD	State RI	Zip 02879	City HOPKINTON
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

File Date	6-2-09
Check No.	813
By:	MMC
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
EMIL W. MITTENDORF
Date
Print or Type Name of Officer
TREASURER
Title of Officer