

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 200

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.

The state of the s	T				
1. Corporate ID No. 30148	2. Name of Corporation Saint John's Encampment, Number One, knights Templar				
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address			City	Zip
Rhode Island	23A Venturi Gre	en		No. Providnce	02904
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character	of the affairs which are a	ictually conducted in Rhode I.	sland		
Fraternal non Profit					
7. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR ATTAC	HMENT) [] FILL IN SPACES B	EFORE USING ATTAC	HMENTS
President Name			Vice President Name		
PARKER E. Smith			MICHAEL P. VEZERIOIS, MD		
Street Address 1,4 Cypress St			Street Address SD LIMBROCK DRIVE		
PRIVIDENCE	State RI	^{Zip} 02 406	E. GREEN wich	State RI	Zip OZFIF
Secretary Name Ribert F- Pay to U			Treasurer Name Tosef A. Polichelli		
Street Address 23A VENTURI (TREEN			Street Address Thurman St.		
N. PROUTOENCE	State PI	Zip 62904	W FRWLEK	State Z I	2. 02 SEC
			ACHMENT) TILL IN SPACES I	BEFORE USING ATTA	
	ORS OF A DOMEST	TIC (RHODE ISLAND)	CORPORATION SHALL NOT	BE LESS THAN THRE	<u>E</u> (3). R.I.G.L. 7-6-23
Sidney Clifford Dr.			Director Name WAYUE W. WEISHER		
60 FREEMAN PARKWAY			Street Address 6 NO E/IA AVE		
Pleviource	State 12 L	Zψ 02	COVENTRY	State R.I	Zip 02 816
Jone M. FAULHABER			Director Name		
Street Address Ale THNGLEWOOD DR. City E. PROVIDENCE RI O2915-1436			Street Address		
City	State	Zip	Сйу	State	252 2
9. REGISTERED AGENT IN	RHODE ISLAND	02915-1436	1		SEGRETARY TO SECRETARY TO SECRE
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 mus	t be signed by either	r the President, Vice Pre	esident, Secretary, Assistant Sec	retary, Treasurer, Reco	eiver of frustee o
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					that I have examined this nd statements, and that all
			statements contained h	erein are true and correct	,
File Date	FILED	_	(abel)	· Porton	6-22-09
(C. 1)			Signature of Officer	•	Date
Check No			Robert F. Poyton, Print or Type Name of Officer		
FOR SECRETARY OF STATE USE ONLY					
			SECRETARY		
			Title of Officer		