

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence. RI 02904-2615

401.222.3040

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. 2. Name of Corporation 305 WOONSOCKET MASONIC TEMPLE CORP. i. Corporate address in Rhode Island - Street Address 192 CLINTON ST. 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island 10 SUPPORT AND MAINTAIN THE BUILDING LOCATED AT 142 CLINTON ST.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) 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 Director Name SHIRLEY Street Address Zib 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

Title of Officer

		ì
File Date	6-26-09	
Check No	1003	
<i>B</i> _V :	mnc	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, l	I declare and affi	rm that I have examin-	ed thi
report, including any accon-			
statements contained hereir	are true and con	rect.	
Meter 17	12 O.L		
Signature of Office	mayor	Date	
	ر گرد سے		
PETER O	KIND	DEFORSE	L /
Print or Type Name of Office	r	····	
TOTICODE	FD		