

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

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: June 3 - 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

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island FRATERNAL ORDER 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name	26 81	penalty fee of \$25.00.					
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WALTER S. TAYLOR, J.R. THOMAS J. PEIRCE	Street Address State Street Address State				Director Name		(2)
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Director Name	Street Address Street Address Street Address State No RTH RINGSTOWN R. T. 02852 REGISTERED AGENT IN RHODE ISLAND	inrector name			Director Name		<u> </u>
GORDON D. TAYLOR	Street Address Street Address State No RTH RINGSTOWN R. T 02862 REGISTERED AGENT IN RHODE ISLAND	GORDON D. TAY	LOR				
Street Address Street Address	REGISTERED AGENT IN RHODE ISLAND	Street Address			Street Address		
City State Zip City State Zip State Zip	REGISTERED AGENT IN RHODE ISLAND	NORTH KINGSTOWN	State R.T.	24 67825	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND	s information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R I G I - 7-6-13/7 6 78			I	•	I	I
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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	This capact must be signed by sither the Dessident View Dessident View Dessident Control of the	rms report must	oc signed by either th	ie President, Vice Presi	dent, Secretary, Assistant Seci	etary, Treasurer, Receiv	er or Trustee

File Date	FILED	
Check No	MAY 1 4 2010	
By:_ B \	1939	
_,	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.

Thomas Feira	Moor.	5/11/10
Signature of Officer		Date

THOMAS	J. PEIRCE	TREASURER
Print or Type Name	of Officer	