



and Providence Plantations
Office of the Secretary of State

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 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. 26181		2. Name of Corporation HARMONY LODGE #5, INDEPENDENT ORDER OF ODD FELLOWS	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address c/o THOMAS J. PEIRCE, TREASURER	
		City NORTH KINGSTOWN	Zip R.I. 02852
5. Foreign corporation. Enter principal office address		City	State R.I.
			Zip
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 WILLIAM A ROUND		Vice President Name	
Street Address 945 MAIN ST.		Street Address	
City EAST GREENWICH	State R.I.	Zip 02818	
Secretary Name WALTER S. TAYLOR, JR.		Treasurer Name THOMAS J. PEIRCE	
Street Address 750 OLD BAPTIST ROAD.		Street Address 122 PLEASANT ST.	
City NORTH KINGSTOWN	State R.I.	Zip 02852	
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 WALTER S. TAYLOR, JR.		Director Name THOMAS J. PEIRCE	
Street Address 750 OLD BAPTIST ROAD		Street Address 122 PLEASANT ST.	
City NORTH KINGSTOWN	State R.I.	Zip 02852	
Director Name GORDON D. TAYLOR		Director Name	
Street Address 6 WOODMONT DRIVE		Street Address	
City NORTH KINGSTOWN	State R.I.	Zip 02852	
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

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 J. Peirce, Treasurer 5/11/10
Signature of Officer Date

THOMAS J. PEIRCE, TREASURER
Print or Type Name of Officer

File Date **FILED**
Check No. **MAY 14 2010**
By: 1939
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