



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

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 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. <b>484876</b>		2. Name of Corporation <b>RIBA REBEKAH LODGE #12, I.O.O.F.</b>			
3. State of Incorporation <b>RI</b>		4. Corporate address in Rhode Island - Street Address <b>5 ROBIN HOOD DRIVE</b>		City <b>RIVERSIDE</b>	Zip <b>02915</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>FELLOWSHIP &amp; CHARITY</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>_____</b>			Vice President Name <b>_____</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name <b>PATRICIA KOEHNE</b>			Treasurer Name <b>MICHAEL J. MUNROE</b>		
Street Address <b>5 ROBIN HOOD DR.</b>			Street Address <b>31 CAMPBELL ST.</b>		
City <b>RIVERSIDE</b>	State <b>R.I.</b>	Zip <b>02915</b>	City <b>WARREN</b>	State <b>RI</b>	Zip <b>02845</b>
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 <b>ALVIN EDLER</b>			Director Name <b>LYDIA TOBIN</b>		
Street Address <b>55 SEABREEZE Ln.</b>			Street Address <b>303 DOVER AVE</b>		
City <b>BASTON</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>FALL PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>DEBORAH MASSA</b>			Director Name		
Street Address <b>205 TOWER St.</b>			Street Address		
City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02724</b>	City	State	Zip
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

**FILED**

File Date **JUN 11 2010**  
 Check No. \_\_\_\_\_  
 By: **BY [Signature]**  
 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]** **6/10/10**  
 Signature of Officer Date  
**MICHAEL J. MUNROE**  
 Print or Type Name of Officer  
**TREASURER**  
 Title of Officer