



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. 484876		2. Name of Corporation RABA REBEKAH LODGE #12, I.O.O.F.			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 5 ROBIN HOOD DRIVE		City RIVERSIDE	Zip 02915
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 FELLOWSHIP & CHARITY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name _____			Vice President Name _____		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name PATRICIA KOEHNE			Treasurer Name MICHAEL J. MUNROE		
Street Address 5 ROBIN HOOD DR.			Street Address 31 CAMPBELL ST.		
City RIVERSIDE	State R.I.	Zip 02915	City WARREN	State RI	Zip 02825
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 ALVIN EDLAR			Director Name LYDIA TOBIN		
Street Address 55 SEABREEZE LN.			Street Address 303 DOVER AVE		
City BASTON	State RI	Zip 02809	City EAST PROVIDENCE	State RI	Zip 02914
Director Name DEBORAH MASSA			Director Name _____		
Street Address 205 TOWER ST.			Street Address _____		
City FALL RIVER	State MA	Zip 02724	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.	1162
By:	BY
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.

Michael J. Munroe **6/10/12**
Signature of Officer Date
MICHAEL J. MUNROE
Print or Type Name of Officer
TREASURER
Title of Officer