

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

Fiting Period: June 1 - June 30 • Fiting 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 26313 The Charles Edwin Lawton Memorial Masonic home 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City Ζip **Providence** 02907 RI. c/o Mark Kelleher 11 Depew St. 5. Foreign corporation. Enter principal office address City State Z_{1D} 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Provide meals and lodging to masons and relatives 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) 🔲 FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Prevident Name **Brian Pickhover** Nelson Kay Street Address Street Address 396 Willow Street 842 Weeden Street Siaie State Cits Ζip 02860 RI. Mansfield MA. 02048 **Pawtucket** Secretary Name Treasurer Name Charles Schotter Mark Kelleher Street Address Street Address 11 Depew Street 7 Avenue E Ľφ City City State State Ζip 102865 Providence 02907 Lincoln RI. 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(\$). K.I.G.L. 7.6-23 മ Director Name Director Name Mark Kav Horace Deacon Jr Street Address Street Address 7 Andrews Drive PO box 2068 CO City State Ζip City State 62861 RI. 02865 RI. **Pawtucket** Lincoln Director Name Director Name Rowland Hill Samuel Sinuel Street Address Street Address 126 Front Street 16 Cumberland Street State Zip City State Zin City Pawtucket RI. Cumberland RI. 02864 02860 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

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		Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and	
File Date	FILED	statements contained herein are true and correct.	6-29-10
Check No.	JUN 2 9 2010	Signature of Officer Mark Kelleher	Date
Ву:	By	Print or Type Name of Officer Secretary	
FOR	SECRETARY OF STATE USE ONLY	Title of Officer	- 631B 60U
	13/2/10		Form 631 Rev. 09/1*