



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 2000

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. 000028284		2. Name of Corporation Masonic Corporation of Newport			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 81 Sprague St		City Portsmouth	Zip 02871
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 Charitable and Educational Work					
7. NAMES AND ADDRESSES OF THE OFFICERS (IT MAY BE NECESSARY TO ATTACH A SEPARATE SHEET FOR EACH OFFICER'S ADDRESS) <input type="checkbox"/> FILL IN SPACES BELOW UNDER ATTACHED SHEET					
President Name Anthony Baugher			Vice President Name Arthur Perry		
Street Address 81 Sprague St			Street Address 47 Eustis Ave		
City Portsmouth	State Rhode Island	Zip 02871	City Newport	State Rhode Island	Zip 02840
Secretary Name John Beebe			Treasurer Name Maurice Warren		
Street Address 10 Kerins Ave.			Street Address 120 Water St.		
City Newport	State Rhode Island	Zip 02840	City Portsmouth	State Rhode Island	Zip 02871
<input type="checkbox"/>					
Director Name William Cote			Director Name Carl Willi		
Street Address 81 Sprague St.			Street Address 81 Sprague St		
City Portsmouth	State Rhode Island	Zip 02871	City Portsmouth	State Rhode Island	Zip 02871
Director Name George Woolhouse			Director Name		
Street Address 21 Bayview Park			Street Address		
City Middletown	State Rhode Island	Zip 02842	City	State	Zip
Agent Name			Address		
Address			City Zip		

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED

MAY 19 2001

By

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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 of Officer

Print or Type Name of Officer

Title of Officer

Date