



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 1999

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. Officers and Directors of the Corporation (If not for attachment) <input type="checkbox"/> If in space, attach with attachment					
President Name John Beebe			Vice President Name Anthony Baugher		
Street Address 10 Kerins Ave.			Street Address 81 Sprague St		
City Newport	State Rhode Island	Zip 02840	City Portsmouth	State Rhode Island	Zip 02871
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
Director Name George Hamill			Director Name Daniel Titus		
Street Address 81 Sprague St.			Street Address Old Fort Rd.		
City Portsmouth	State Rhode Island	Zip 02871	City Newport	State Rhode Island	Zip 02840
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 2011

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.

Maurice Warren 3/10/11  
Signature of Officer Date

MAURICE WARREN  
Print or Type Name of Officer

TREASURER  
Title of Officer