

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 201

Providence, RI 02904-2615 401.222.3040

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 1D No. — 2. Name of Corporation FRATER WAL ORDER O	FPOHCE, MIDDLE	FTOWN LOD	6E #21	
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address 1151 AGUIOMECK AVE	. 1	MIDOLETOWN	^{Zip} O2842	
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 TRATERNAL ORDER 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name FRED BODINGTON	VICE President Name RICHARD D. GAMACHE			
Street Address SOUTH OF COMMONS	Street Address VALLEY	RD		
LITTLE COMPTON R.I. 02837	MIDDLETOWN	R.I.	02842	
FRANK N. CAMPAGNA TR	TIMOTHS BECK			
Street Address 2 WOOD TERNACE	Street Address 123 VALLEY RD			
MIDDLETOWN R.I. 02842	MIDDLETOWN	State I	32847	
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 (3). R.I.G.L. 7-6-23				
FRED BODINGTON	Director Name	ECK		
20 SOUTH OF COMMOINS	12-3 VALEY	RD.		
LITTLE COMPTON RI, 02837	MIDDLETOWN	State RII	02842	
RICHARD O GAMACHE	Director Name			
Street Address 123 VAUEY RD	Street Address			
MIDDLE TOWN STAIR I. 240 02842 9. REGISTERED AGENT IN RHODE ISLAND	City	State	Zip	
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				

FII FD				
File Date	MOV 0 5 9011			
Check No.	NOV 2 5 2011			
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By ST.				
FOR SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and	at 1 have examined this I statements, and that all
statements combined havein are true and correct.	11.17.1
FRANK N. CAMPAGA	Date
Print or Type Name of Officer	DA JK
SECRETARY	
Title of Officer	Form 631 Rev. 09/17