



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |                      |   |  |                      |                     |
|---|----------------------|---|--|----------------------|---------------------|
| 1. Entity ID No.<br><b>27581</b>  |                      | 2. Exact name of the Corporation<br><b>OTHA BOONE Lodge #931 I.B.P.O.E. of W.</b> |  |                      |                     |
| 3. State of Incorporation<br><b>R.I.</b>  |                      | 4. Corporate Address in RI - Street Address<br><b>32 HASKIN ST.</b>               |  | City<br><b>PROV.</b> | Zip<br><b>02903</b> |
| 5. Foreign corporation. Enter principal office address  |                      |   | City   | State                | Zip                 |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Very Active in The Community feed The Homeless Help BURNOUTS</b>                          |                      |   |  |                      |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>   |                      |   |  |                      |                     |
| President Name<br><b>MACK QUALLS</b>  |                      |   | Vice-President Name<br><b>WILBURT TOWNSEND</b> |                      |                     |
| Street Address<br><b>16 GATE STREET</b>   |                      |   | Street Address<br><b>14 GATE ST.</b>           |                      |                     |
| City<br><b>PAWTUCKET</b>  | State<br><b>R.I.</b> | Zip<br><b>02860</b>   | City<br><b>PAWTUCKET</b>                       | State<br><b>R.I.</b> | Zip<br><b>02860</b> |
| Secretary Name<br><b>RICHARD BENNETT</b>  |                      |   | Treasurer Name<br><b>EVERTON GASKIN</b>        |                      |                     |
| Street Address<br><b>32 HASKIN ST.</b>  |                      |   | Street Address<br><b>32 HASKIN ST.</b>         |                      |                     |
| City<br><b>PROV.</b>  | State<br><b>R.I.</b> | Zip<br><b>02903</b>   | City<br><b>PROV.</b>                           | State<br><b>R.I.</b> | Zip<br><b>02903</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/> |                      |   |  |                      |                     |
| Director Name<br><b>MACK QUALLS</b>   |                      |   | Director Name<br><b>WILBURT TOWNSEND</b>       |                      |                     |
| Street Address<br><b>SAME AS ABOVE</b>  |                      |   | Street Address<br><b>SAME AS ABOVE</b>         |                      |                     |
| City<br><b>PAWTUCKET</b>  | State<br><b>R.I.</b> | Zip<br><b>02860</b>   | City<br><b>PAWTUCKET</b>                       | State<br><b>R.I.</b> | Zip<br><b>02860</b> |
| Director Name<br><b>WILBURT TOWNSEND</b>  |                      |   | Director Name<br><b>EVERTON GASKIN</b>         |                      |                     |
| Street Address<br><b>32 HASKIN ST.</b>  |                      |   | Street Address<br><b>SAME AS ABOVE</b>         |                      |                     |
| City<br><b>PROV.</b>  | State<br><b>R.I.</b> | Zip<br><b>02903</b>   | City<br><b>PROV.</b>                           | State<br><b>R.I.</b> | Zip<br><b>02903</b> |
| 9. REGISTERED AGENT IN RHODE ISLAND   |                      |   |  |                      |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.   |                      |   |  |                      |                     |

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

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 BY \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**

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.

MAR 28 2012

**Mack Qualls** 2-14-12  
 Signature of Officer Date

3290

**MACK QUALLS** 2-14-12  
 Print or Type Name of Officer

2-14-12