



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 67267		2. Exact name of the Corporation South Kingstown Masonic Hall			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island A fraternal order for men.			
5. Principal office address 64 Columbia St			City Wakefield	State RI	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Louis B. Clark			Vice-President Name none		
Street Address 794 Ministerial Rd.			Street Address none		
City Wakefield	State RI	Zip 02879	City none	State none	Zip none
Secretary Name Dennis Hilliard			Treasurer Name John H. Adams		
Street Address 68 SecludedDr.			Street Address 35 Liena Rose Way		
City Wakefield	State RI	Zip 02879	City Coventry	State RI	Zip 02816
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Diane Miller			Director Name Mark Thompson		
Street Address 41 Oak Ct.			Street Address 25 Bleach St.		
City South Kingstown	State RI	Zip 02879-4786	City West Warwick	State RI	Zip 02893
Director Name Michael Garr			Director Name none		
Street Address 109 Enterprise Ter.			Street Address none		
City Kingston	State RI	Zip 02881-1833	City none	State none	Zip none
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 841.					

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

FILED

JUN 21 2012

File Date _____

Check No _____

By: _____

By *[Signature]*
CA# 0994

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] **6/19/2012**
 Signature of Officer Date

John H. Adams
 Print or Type Name of Officer

Treasurer
 Title of Officer