



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 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. 30148		2. Exact name of the Corporation SAINT JOHN'S ENCAMPMENT, NUMBER ONE, OF KNIGHTS TEMPLAR			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address 37 CEDAR POND DR #2		City WARWICK, RI Zip 02886	
5. Foreign corporation. Enter principal office address			City		State Zip
6. Brief description of the character of business conducted in Rhode Island FRATERNAL NON PROFIT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ERNEST E. WILBERGEN			Vice-President Name RUSSELL A. KAWA		
Street Address 160 CUMBERLAND ROAD			Street Address		
City WARWICK		State RI	Zip 02886	City WEST GREENWICH State RI Zip	
Secretary Name ROBERT F. POYTON			Treasurer Name JOSEF A. POLICHIOTTI		
Street Address 37 CEDAR POND DR #2			Street Address 87 THURMAN STREET		
City WARWICK		State RI	Zip 02886	City WARWICK State RI Zip 02886	
8. 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 ROBERT J. STEARNS			Director Name WHYNE W. WIESNEL		
Street Address 111 PETTIS DR.			Street Address 6 NOELIA AVE		
City WARWICK		State RI	Zip 02889	City COUNTRY State RI Zip 02816	
Director Name GORDON E. MARTIN			Director Name		
Street Address 405 DIAMOND HILL RD			Street Address		
City WARWICK		State RI	Zip 02886	City State Zip	
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: _____

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FILED
 JUN 26 2012
 By 173631
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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.

Robert F. Poyton 6-26-12
 Signature of Officer Date

Robert F. Poyton
 Print or Type Name of Officer

Secretary (REORDER)
 Title of Officer

2012 JUN 26 PM 3:51
 SECRETARY OF STATE
 CORPORATIONS DIVISION