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

2012 NOV 30 AM 8:58

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.	2. Exact name of the Corporation
85182	**Supreme Council of the Thirty-Third Degree of the Ancient and Accepted Scotch Rite of Freemasonry of Louisiana, Inc.**
3. State of Incorporation: **Louisiana**	4. Brief description of the character of business conducted in Rhode Island: **Fraternal Organization**

5. Principal office address	City	State	Zip
3200 St.Bernard Ave, Gentilly Station, PO Box8066	**New Orleans**	**LA**	**70182**

6. LIST ALL OFFICERS (USE "X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Philip Washington Sr.	**Eddie Gabriel**
Street Address: **P O Box 1845**	Street Address: **108 Potage Place**
City: **Kenner** / State: **LA** / Zip: **70063**	City: **New Orleans** / State: **LA** / Zip: **70119**
Secretary Name: **Kermit Curtis Roberson**	Treasurer Name: **Norman Dixon**
Street Address: **1637 N Broad Street**	Street Address: **2101 Tezcuco**
City: **New Orleans** / State: **LA** / Zip: **70119-2335**	City: **Marrero** / State: **LA** / Zip: **70072**

7. LIST ALL DIRECTORS (ATTACH ADDITIONAL RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Philip Washington Sr.	**Kermit Curtis Roberson**
Street Address: **P O Box 1845**	Street Address: **1637 N Broad Street**
City: **Kenner** / State: **LA** / Zip: **70063**	City: **New Orleans** / State: **LA** / Zip: **70119**
Director Name: **Eddie L Gabriel**	Director Name: **George Clinton**
Street Address: **108 Potage Place**	Street Address: **211 Vermont Avenue**
City: **New Orleans** / State: **LA** / Zip: **70119**	City: **Providence** / State: **RI** / Zip: **29056**

8. 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

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BY 184449
Kane

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.

11/29/2012
Signature of Officer — Date

Kermit Curtis Roberson
Print or Type Name of Officer

Secretary
Title of Officer

Form No. 631
Revised: 05/2012

85661-1-603061