



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 146 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 2013

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. 8197		2. Exact name of the Corporation: The Masonic Temple Company	
3. State of Incorporation: RI		4. Brief description of the character of business conducted in Rhode Island: Building Rental to Shareholders	
5. Principal office address: 50 Pleasant St.		City: Pawtucket	State: RI Zip: 02860
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name: Richard Belford		Vice-President Name: George Young	
Street Address: 13 Capron St.		Street Address: 56 Vail Drive	
City: West Warwick	State: RI	City: Franklin	State: MA Zip: 02038
Secretary Name: Jo Ann Sugden		Treasurer Name: Charles E. Schotter	
Street Address: 377 Summer St		Street Address: 7 Ave E	
City: Woonsocket	State: RI	City: Lincoln	State: RI Zip: 02865
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: MARK KAY		Director Name: Steven Smith	
Street Address: 7 Andrews Drive		Street Address: 31 Edmund H. Nichols Rd	
City: Lincoln	State: RI	City: North Attleboro	State: MA Zip: 02760
Director Name: Robert Maddix		Director Name:	
Street Address: 16 Coyle Ave		Street Address:	
City: Pawtucket	State: RI	City:	State: Zip:
8. REGISTERED AGENT IN RHODE ISLAND RICHARD BELFORD			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2013 MAY 29 AM 10:25

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

FILED
 File Date _____
 Check No _____
 By: _____
BY 3851
 FOR SECRETARY OF STATE USE ONLY

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 of Officer: Charles E. Schotter Date: 5-25-13
 Print or Type Name of Officer: Charles E. Schotter
 Title of Officer: Treasurer