



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2013

**1. Corporate ID No.** 000122749

**2. Name of Corporation** St. John's Lodge Masonic Corporation

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 587  
City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PLANNING, CONSTRUCTING, ERECTING, OPERATING AND MANAGING LAND AND BUILDINGS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	MAURICE WARREN	120 WATER ST. PORTSMOUTH, RI 02871 USA
SECRETARY	DAVID LAVERY	43 CAMARA DRV. PORTSMOUTH, RI 02871 USA

DIRECTOR	WILLIAM HEDGECORTH	48 LOUISE DRV. TIVERTON, RI 02878 USA
DIRECTOR	DOUGLAS SMITH	52 VANDERBUILT LANE PORTSMOUTH, RI 02871 USA
DIRECTOR	DAVID MOWER	E. MAIN RD. PORTSMOUTH, RI 02871 USA
DIRECTOR	FRANK VANSANT	64 LISA TERR. PORTSMOUTH, RI 02871 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MAURICE WARREN 120 WATER STREET PORTSMOUTH , RI 02871-

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

**Signed this 2 Day of August, 2013 at 9:01:36 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MAURICE WARREN

Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☒ Treasurer or ☐ Receiver or ☐ Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07

© 2007 - 2013 State of Rhode Island and Providence Plantations  
All Rights Reserved