



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 2014

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. 26552		2. Exact name of the Corporation HOPE LODGE No. 25, ANCIENT, FREE & ACCEPTED MASONS			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island			
5. Principal office address 64 COLUMBIA STREET - PO BOX 285		City WAKEFIELD	State R.I.	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name THOMAS W. CLUNE, IV			Vice-President Name DAVID W. DILLMANN		
Street Address 173 DENDRON ROAD			Street Address 171 SYCAMORE LANE		
City WAKEFIELD	State R.I.	Zip 02879	City WAKEFIELD	State R.I.	Zip 02879
Secretary Name LOUIS B. CLARK			Treasurer Name ROBERT A. BORGES		
Street Address 794 MINISTERIAL ROAD			Street Address 87 WIDOW SWEET ROAD		
City WAKEFIELD	State R.I.	Zip 02879	City EXETER	State R.I.	Zip 02822
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 THOMAS W. CLUNE, IV			Director Name DAVID W. DILLMANN		
Street Address 173 DENDRON ROAD			Street Address 171 SYCAMORE LANE		
City WAKEFIELD	State R.I.	Zip 02879	City WAKEFIELD	State R.I.	Zip 02879
Director Name LOUIS B. CLARK			Director Name ROBERT A. BORGES		
Street Address 794 MINISTERIAL ROAD			Street Address 87 WIDOW SWEET ROAD		
City WAKEFIELD	State R.I.	Zip 02879	City EXETER	State R.I.	Zip 02822
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, duly Authorized Representative, Receiver or Trustee

File Date _____

FILED

Check No _____

By: _____

MAY 16 2014

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.

Louis B. Clark 5/14/14
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BY *[Signature]*

LOUIS B. CLARK - SECRETARY
 Print or Type Name of Officer or Authorized Representative