



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: corporation@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. <b>000029476</b>		2. Exact name of the Corporation <b>South Kingstown Lodge, No. 1899, of the Benevolent and Protective Order of Elks of the United States of America</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Charitable organization which provided help to those in need</b>			
5. Principal office address <b>60 Belmont Avenue</b>		City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES, "X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Jeff Robert</b>		Vice-President Name <b>John Wedlock</b>			
Street Address <b>60 Belmont Avenue</b>		Street Address <b>60 Belmont Avenue</b>			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>Rose Herlihy</b>		Treasurer Name <b>Barbara Jennings</b>			
Street Address <b>60 Belmont Avenue</b>		Street Address <b>60 Belmont Avenue</b>			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>John W Foreman IV</b>		Director Name <b>James Main</b>			
Street Address <b>60 Belmont Avenue</b>		Street Address <b>60 Belmont Avenue</b>			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>Tom Steinmeyer</b>		Director Name <b>Mary Wedlock</b>			
Street Address <b>60 Belmont Avenue</b>		Street Address <b>60 Belmont Avenue</b>			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>

JUN - 9 PM 2:17  
 STATE  
 REGISTRATIONS DIV

8. REGISTERED AGENT IN RHODE ISLAND  
 This information is currently of record in the Office of the Secretary of State. Changes require filing Form S-41.

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

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By \_\_\_\_\_

**FILED**  
**JUN 09 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.

*Barbara Jennings* 7/27/2014  
 Signature of Officer Date

**Barbara Jennings**  
 Print or Type Name of Officer

**Treasurer**  
 Title of Officer

FOR SECRETARY OF STATE USE ONLY  
 By 225943

A.A. 2:18P.M

Attachment  
for additional officers 2013

Attachment for  
additional  
directors



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services  
145 W. River Street, Providence, Rhode Island 02904-2615  
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5. Principal office address <b>60 Belmont Avenue</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
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6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)

President Name	Vice-President Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Secretary Name	Treasurer Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE BOX FOR ATTACHMENT)

Director Name <b>Robert Carvalho</b>	Director Name <b>Edmund Dwyer</b>
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Street Address <b>60 Belmont Avenue</b>	Street Address <b>60 Belmont Avenue</b>
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City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
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Director Name <b>Daniel French</b>	Director Name
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Street Address <b>60 Belmont Avenue</b>	Street Address
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City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
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The 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

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.

*Barbara Jennings* 3/27/2014  
Signature of Officer Date

**Barbara Jennings**  
Print or Type Name of Officer

**Treasurer**  
Title of Officer

2014 JUN 19 PM 2:17  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2014 APR 30 AM 11:39  
 SECRETARY OF STATE  
 CORPORATIONS DIV