



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

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 STATE SECRETARIES 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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000029476

2. Exact name of the Corporation
South Kingstown Lodge, No. 1899, of the Benevolent and Protective Order of Elks of the United States of America

3. State of Incorporation
Rhode Island

4. Brief description of the character of business conducted in Rhode Island
Charitable organization which provided help to those in need

5. Principal office address
60 Belmont Avenue City **Wakefield** State **RI** Zip **02879**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT)

President Name _____ Vice-President Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Secretary Name _____ Treasurer Name _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE BOX FOR ATTACHMENT)

Director Name **Robert Carvalho** Director Name **Edmund Dwyer**

Street Address **60 Belmont Avenue** Street Address **60 Belmont Avenue**

City **Wakefield** State **RI** Zip **02879** City **Wakefield** State **RI** Zip **02879**

Director Name **Daniel French** Director Name _____

Street Address **60 Belmont Avenue** Street Address _____

City **Wakefield** State **RI** Zip **02879** City _____ State _____ Zip _____

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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