



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. 28212		2. Exact name of the Corporation PROVIDENCE CHAPTER NUMBER ONE, ORDER OF THE EASTERN STAR			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CHARTIBLE FRATERNAL ORGANIZATION			
5. Principal office address 57 INTERVALE RD			City CRANSTON	State RI	Zip 02910
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name BARBARA PAGE			Vice-President Name STEPHEN KEMP, JR		
Street Address 278 GEORGE ARDEN RD.			Street Address 1 DOUGLAS CIRCLE		
City WARWICK	State RI	Zip 02886	City GREENVILLE	State RI	Zip 02818
Secretary Name EUNICE M. OGILVIE			Treasurer Name DAVID A. OGILVIE		
Street Address 57 INTERVALE RD.			Street Address 57 INTERVALE RD.		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
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 BEVERLY L. THRESHER			Director Name HENRY THRESHER		
Street Address 31 PURITAN DRIVE			Street Address 31 PURITAN DRIVE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Director Name MARJORIE DALE			Director Name		
Street Address 2215 ELMWOOD AVE. APT B3			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
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

FILED

JUN 10 2014

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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.

David A. Ogilvie **06/06/2014**
 Signature of Officer or Authorized Representative Date

DAVID A. OGILVIE, TREASURER
 Print or Type Name of Officer or Authorized Representative

File Date _____
 Check No. _____
 BY _____
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