



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. 28419		2. Exact name of the Corporation S.O.T.E.S. (SOCIETY OF THE EVENING STAR)			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island PROMOTE PEACE, EDUCATION, + RELIGIOUS TOLERANCE			
5. Principal office address 243 KNIGHT STREET			City PROVIDENCE	State RI	Zip 02909
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL G. MARRA			Vice-President Name ROBIN M. ANTONI		
Street Address 243 KNIGHT STREET			Street Address 45 ANDRE BLVD PO Box 115		
City PROVIDENCE	State RI	Zip 02909	City GLENDALE	State RI	Zip 02826
Secretary Name DEBRA L. LAMOUREUX			Treasurer Name DEBRA L. LAMOUREUX		
Street Address 64 LINDY AVENUE			Street Address 64 LINDY AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
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 MICHAEL G. MARRA			Director Name ROBIN M. ANTONI		
Street Address 243 KNIGHT STREET			Street Address 45 ANDRE BLVD PO Box 115		
City PROVIDENCE	State RI	Zip 02909	City GLENDALE	State RI	Zip 02826
Director Name KAREN MARKS			Director Name GREG ESPOSITO		
Street Address 45 ANDRE BLVD PO Box 115			Street Address 331 NARRAGANSETT ST. 3RD FLOOR		
City GLENDALE	State RI	Zip 02826	City CRANSTON	State RI	Zip 02905
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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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.

Debra L. Lamoureux
 Signature of Officer or Authorized Representative

11/15/14
 Date

DEBRA L. LAMOUREUX
 Print or Type Name of Officer or Authorized Representative