



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 2015

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. 29360		2. Exact name of the Corporation South County Masonic Center			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island owns and maintains real estate as a meeting place facility for fraternal organizations			
5. Principal office address 3965 South County Trail		City Charlestown (Kenyon)		State RI	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Carl E. Richard		Vice-President Name Stanley Wostel			
Street Address 96 Shannock Hill Rd PO Box 8		Street Address 373 Hillsdale Rd			
City Shannock	State RI	Zip 02875-0008	City West Kingston	State RI	Zip 02892
Secretary Name Russell Lorenson		Treasurer Name Leon C. Knudsen			
Street Address 322 Skunk Hill Rd		Street Address 346 Plainfield Pike			
City Exeter	State RI	Zip 02822	City Greene	State RI	Zip 02827
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name John O. Matson		Director Name Stanley Wostel			
Street Address 13 Brook Drive		Street Address 373 Hillsdale Rd			
City Hope Valley	State RI	Zip 02832	City West Kingston	State RI	Zip 02892
Director Name Leon C. Knudsen		Director Name Carl E. Richard			
Street Address 348 Plainfield Pike		Street Address 96 Shannock Hill Rd PO Box 8			
City Greene	State RI	Zip 02827	City Shannock	State RI	Zip 02875-0008
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

FILED

MAY 04 2015

BY 3124

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.

Signature of Officer or Authorized Representative

5/1/15

Date

Carl E. Richard

Print or Type Name of Officer or Authorized Representative

ATTACHMENT TO ANNUAL REPORT
SOUTH COUNTY MASONIC CENTER
2015

ADDITIONAL DIRECTORS:

Russell Lorensen
322 Skunk Hill Rd
Exeter, RI 02822

Thomas Q. Maine
36 North Rd
Shannock, RI 02875

John R. Anderson
21 Pine Shadows Dr
Hope Valley RI 02832

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MAY 04 2015

BY

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