



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000028341

**2. Name of Corporation** O.E.S. HOME OF RHODE ISLAND

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 85 ETHAN STREET

City or Town: WARWICK

State: RI

Zip: 02888

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

ESTABLISHING, ERECTING, MAINTAINING A HOME/HOMES FOR THE AGED MEMBERS OF THE ORDER OF THE EASTERN STAR.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL LAWSON	70 GRASSMERE STREET WARWICK, RI 02889 USA
TREASURER	NANCY G. GOMBEYSKI	10 LARCHMOUNT DR COVENTRY, RI 02816 USA

SECRETARY	DOROTHY M. BLANCHARD	22 EDGEWOOD RD CHEPACHET, RI 02828 USA
DIRECTOR	SANDRA LEE LACROSS	170 COLDBROOK RD WARWICK, RI 02888 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SANDRA LACROSS 85 ETHAN STREET WARWICK , RI 02888

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 19 Day of May, 2015 at 3:01:56 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SANDRA L. LACROSS  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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