



**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. <b>67267</b>		2. Exact name of the Corporation <b>SOUTH KINGSTOWN MASONIC HALL</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO ACQUIRE, BUILD &amp; MAINTAIN PROPERTY FOR HOPE LODGE NO. 25 ANCIENT, FREE &amp; ACCEPTED MASONS FOR MEETINGS.</b>			
5. Principal office address <b>64 Columbia Street, PO Box 285</b>			City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (#X BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>MICHAEL GARR</b>			Vice-President Name <b>LOUIS B. CLARK</b>		
Street Address <b>109 ENTERPRISE TERRACE</b>			Street Address <b>794 MINISTERIAL ROAD</b>		
City <b>KINGSTON</b>	State <b>RI</b>	Zip <b>02881</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>DENNIS C. HILLIARD</b>			Treasurer Name <b>JOHN H. ADAMS</b>		
Street Address <b>68 SECLUDED DRIVE</b>			Street Address <b>35 LIENA ROSE WAY</b>		
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02979-2800</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
<b>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"/></b>					
Director Name <b>DIANE MILLER</b>			Director Name <b>THOMAS W. CLUNE, IV</b>		
Street Address <b>41 WHITE OAK COURT</b>			Street Address <b>173 DENDRON ROAD</b>		
City <b>SOUTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879-5496</b>
Director Name <b>ANDRE L. GREGOIRE</b>			Director Name		
Street Address <b>320 WESTMORELAND STREET, UNIT C5</b>			Street Address		
City <b>NARRAGANSETT</b>	State <b>RI</b>	Zip <b>02882-3448</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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**

**MAY 20 2015**

**FILED**

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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.

*Dennis C. Hilliard* **5/15/15**  
 Signature of Officer or Authorized Representative Date

**DENNIS C. HILLIARD, SECRETARY**

Print or Type Name of Officer or Authorized Representative

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_ **BY**  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**  
**BY**