



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

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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: _____
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BY