



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. <u>29441</u>		2. Exact name of the Corporation <u>The Rhode Island Branch of the International Order of the Kings, Knights & Sons</u>			
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Religious, Educational and Philanthropic</u>			
5. Principal office address <u>32 Brook Drive</u>		City <u>Hope Valley</u>		State <u>RI</u>	Zip <u>02832</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>Sandra Barkley</u>			Vice-President Name		
Street Address <u>14 Boylston Street</u>			Street Address		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City	State	Zip
Secretary Name			Treasurer Name <u>Mildred Stolgitis</u>		
Street Address			Street Address <u>32 Brook Drive</u>		
City	State	Zip	City <u>Hope Valley</u>	State <u>RI</u>	Zip <u>02832</u>
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 <u>Sally Lanciera</u>			Director Name <u>Jean Mass</u>		
Street Address <u>115 Winnapaug Road</u>			Street Address <u>5 Ocean View Avenue</u>		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Charlestown</u>	State <u>RI</u>	Zip <u>02813</u>
Director Name <u>Laura Dawley</u>			Director Name		
Street Address <u>117 Winnapaug Road</u>			Street Address		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	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

FILED

JUN 24 2015

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.

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Mildred Stolgitis 6/22/2015
 Signature of Officer or Authorized Representative Date

Mildred Stolgitis
 Print or Type Name of Officer or Authorized Representative
Treasurer

File Date _____

Check No _____

By: _____

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