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.	2. Exact name of the Corporation
30032	WESTERLY MASONIC FOUNDATION
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	SOCIAL AND CHARITABLE

5. Principal office address	City	State	Zip
20 ELM STREET	WESTERLY	RI	02891

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
BRETT MARGGRAFF	25 Tum-A-Lum Circle	Westerly	RI	02891
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
LYNN GEBLER	76 Buttonwoods Road	Wyoming	RI	02898
Secretary Name	**Street Address**	**City**	**State**	**Zip**
DANIEL RZEWUSKI	28 Burlingame Drive	Charlestown	RI	02813
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
DAVID CRANDALL	201 Klondike Road	Charlestown	RI	02813

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
PAT COLLINS	8 Laurel Avenue	Westerly	RI	02891
Director Name	**Street Address**	**City**	**State**	**Zip**
LYNN GEBLER	76 Buttonwoods Road	Wyoming	RI	02898
Director Name	**Street Address**	**City**	**State**	**Zip**
LEVERETT ANDREWS	34 Wagner Road	Westerly	RI	02891
Director Name	**Street Address**	**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
JUL 01 2015

File Date _____
Check No _____
By: _____ BY

FOR SECRETARY OF STATE USE ONLY

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.

Daniel E. Crandall 6-27-15
Signature of Officer or Authorized Representative Date

David Crandall
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122606-66-1055107