



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. 30032		2. Exact name of the Corporation WESTERLY MASONIC FOUNDATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island SOCIAL AND CHARITABLE			
5. Principal office address 20 ELM STREET		City WESTERLY		State RI	Zip 02891
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name BRETT MARGGRAFF		Vice-President Name LYNN GEBLER			
Street Address 25 Tum-A-Lum Circle		Street Address 76 Buttonwoods Road			
City Westerly	State RI	Zip 02891	City Wyoming	State RI	Zip 02898
Secretary Name DANIEL RZEWUSKI		Treasurer Name DAVID CRANDALL			
Street Address 28 Burlingame Drive		Street Address 201 Klondike Road			
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 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 PAT COLLINS		Director Name LYNN GEBLER			
Street Address 8 Laurel Avenue		Street Address 76 Buttonwoods Road			
City Westerly	State RI	Zip 02891	City Wyoming	State RI	Zip 02898
Director Name LEVERETT ANDREWS		Director Name			
Street Address 34 Wagner Road		Street Address			
City Westerly	State RI	Zip 02891	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 **5188**

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.

Signature of Officer or Authorized Representative

Date

David Crandall

Print or Type Name of Officer or Authorized Representative