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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		
000030595	WOONSOCKET MASONIC TEMPLE CORPORATION		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
RI	TO SUPPORT AND MAINTAIN BUILDING LOCATED AT 142 CLINTON STREET, WOONSOCKET, RI		
5. Principal office address	City	State	Zip
142 CLINTON STREET	WOONSOCKET	RI	02895

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SECRETARY OF STATE
ADMINISTRATION
CORPORATIONS

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

President Name			Vice-President Name		
RICHARD A. PICARD			STEVEN A. DAPONT JR.		
Street Address			Street Address		
734 BOUND ROAD			28 ELENA STREET		
City	State	Zip	City	State	Zip
WOONSOCKET	R.I	02895	N. PROVIDENCE	RI	02904
Secretary Name			**Treasurer Name**		
PETER J. KINDEFURSKI			GERRY PLANEUF		
Street Address			Street Address		
3861 MENDON ROAD			18 LAMOUREUX BLVD		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	N. SMITHFIELD	RI	02896

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

Director Name			Director Name		
DOUGLAS E. CONNELL			JUSTIN MOLITOR		
Street Address			Street Address		
142 WOODHAVEN ROAD			1256 LOGEE STREET		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895	WOONSOCKET	RI	02895
Director Name			**Director Name**		
BRYAN CHAMPAIGN			GEORGE A. HODGSON		
Street Address			Street Address		
112 LILAC AVENUE			61 CHURCH STREET		
City	State	Zip	City	State	Zip
WOONSOCKET	RI	02895	WOONSOCKET	RI	02895

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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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.

Signature of Officer or Authorized Representative — Date: 7-15-15

RICHARD A. PICARD, PRESIDENT
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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