RI SOS Filing Number: 201699028940 Date: 05/16/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
26154	HARMONY LODGE No. 9, F & A M
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	FRATERNAL LODGE

5. Principal Office Address	City	State	Zip
1237 RESERVOIR AVENUE	CRANSTON	RI	02920

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: ALFRED J. ANTON			Vice-President Name: MICHAEL A. CUNNINGHAM		
Street Address: 29 FRAWLEY STREET			Street Address: 8 BEATRICE TERRACE		
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	Zip: 02889
Secretary Name: ALAN FRENCH			Treasurer Name: JAMES R. RAPSON		
Street Address: 27 DRUID ROAD			Street Address: 244 PARK VIEW AVENUE		
City: WARWICK	State: RI	Zip: 02888	City: WARWICK	State: RI	Zip: 02888

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: THOMAS P. PISCOPIO			Director Name: GORDON E. MARTIN JR.		
Street Address: 407 NATICK AVENUE			Street Address: 405 DIAMOND HILL ROAD		
City: CRANSTON	State: RI	Zip: 02921	City: WARWICK	State: RI	Zip: 02886
Director Name: TRAVIS J. SOUSA			Director Name:		
Street Address: 21 STERLING DRIVE APT. 12			Street Address:		
City: TIVERTON	State: RI	Zip: 02878	City:	State:	Zip:

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
JAMES R. RAPSON TREASURER	

Signature of Officer/Authorized Representative: James R Rapson

FILED
MAY 16 2016
BY 74997 DS

Form No. 631
Revised: 2016

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