RI SOS Filing Number: 201699374290 Date: 05/25/2016 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
26181	Harmony Lodge No 5 of the Independent Order of Odd Fellows in the town of East Greenwich
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Fraternal Organization

5. Principal Office Address	City	State	Zip
122 Pleasant Street	North Kingstown	RI	02851

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

President Name **William A. Round**			Vice-President Name **William Spitznagel**		
Street Address **945 Main Street**			Street Address **24 Beech Ave.**		
City **East Greenwich**	State **RI**	Zip **02818**	City **Cranston**	State **RI**	Zip **02910**
Secretary Name **Walter S. Taylor Jr.**			Treasurer Name **Thomas J. Peirce**		
Street Address **750 Old Baptist Road**			Street Address **122 Pleasant Street**		
City **North Kingstown**	State **RI**	Zip **02852**	City **North Kingstown**	State **RI**	Zip **02852**

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

Director Name **Gordon Taylor**			Director Name **Thomas J. Peirce**		
Street Address **6 Woodmont Drive**			Street Address **122 Pleasant Street**		
City **North Kingstown**	State **RI**	Zip **02852**	City **North Kingstown**	State **RI**	Zip **02852**
Director Name **Walter S. Taylor Jr.**			Director Name		
Street Address **750 Old Baptist Road**			Street Address		
City **North Kingstown**	State **RI**	Zip **02852**	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
Thomas J. Peirce	5/20/16

Signature of Officer/Authorized Representative
Thomas J. Peirce

FILED
MAY 25 2016
BY KL 3239

Form No. 631
Revised 2016 137398 0 1120421