



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

Annual Report for the year: 2016  
**Non-Profit Corporation**

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>125363</b>		2. Exact name of the Corporation <b>Club 1-2-3</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Masonic Charitable</b>	
5. Principal Office Address <b>883 Eddy St</b>		City <b>Prov</b>	State <b>RI</b>
		Zip <b>02852</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Sophia Shields</b>		Vice-President Name <b>Marvin Landingham</b>	
Street Address <b>125 Lancaster St</b>		Street Address <b>5 Wake Robin Rd</b>	
City <b>Prov</b>	State <b>RI</b>	City <b>Lincoln</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02865</b>	
Secretary Name <b>James Lynch</b>		Treasurer Name <b>L. David Shavers</b>	
Street Address <b>81 Peachtree Road</b>		Street Address <b>21 Church St apt 13</b>	
City <b>N. Kingstown</b>	State <b>RI</b>	City <b>East Prov</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02914</b>	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Linda Twyman</b>		Director Name <b>Jonathan Hert</b>	
Street Address <b>183 Baker St</b>		Street Address <b>139 Farmington Ave</b>	
City <b>Prov</b>	State <b>RI</b>	City <b>Cransdon</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02920</b>	
Director Name <b>Yvonne Coleman</b>		Director Name <b>Barbara Davis</b>	
Street Address <b>P.O. Box 4792</b>		Street Address <b>57 Metropolitan Rd</b>	
City <b>Middleton</b>	State <b>RI</b>	City <b>Cransdon</b>	State <b>RI</b>
Zip <b>02842</b>		Zip <b>02920</b>	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>James Lynch - Grand Secretary</b>			Date <b>10/18/16</b>
Signature of Officer/Authorized Representative <i>James Lynch</i>			

SIGN DOCUMENT HERE  
**FILED**

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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 By *[Signature]*