



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.

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1. Entity ID Number 30789		2. Exact name of the Corporation PRINCE HALL GRAND LODGE, F+AM OF THE STATE OF RHODE ISLAND	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island MWPHGL F+AM IS A ORGANIZATION COMMITTED TO WELL BEING OF YOUTHS, FAMILIES AND COMMUNITIES	
5. Principal Office Address 883 EDDY ST.		City PROV.	State R.I.
		Zip 02905	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name CLINTON L. JONES		Vice-President Name PRINCE REID (REID)	
Street Address 39 MYSTIC STREET		Street Address 77 DIXWELL AVE.	
City PROV.	State R.I.	City CRANSTON	State R.I.
Secretary Name FREDERICK EVANS JR		Treasurer Name JONATHAN M. HURT	
Street Address 210 GALLATIN ST		Street Address 139 FARMINGTON AVE. APT. 139	
City PROV	State RI	City CRANSTON	State R.I.
		Zip 02902	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name William B Taylor		Director Name THOMAS WALLACE	
Street Address 140 W 4th ST		Street Address 134 ARNOLD AVE	
City PROV	State RI	City CRANSTON	State R.I.
		Zip 02906	
Director Name Louis Bruce		Director Name	
Street Address 754 Broadst		Street Address	
City providence	State RI	City	State
		Zip 02907	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Clinton L. Jones / Clinton L. Jones			Date 11/9/2016
Signature of Officer/Authorized Representative <i>Clinton Jones</i>			SIGN DOCUMENT HERE

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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