



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

Annual Report for the year: 2017

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 75958		2. Exact name of the Corporation St. Alban's Lodge No. 6, Free and Accepted Masons			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To relieve the distressed, heal the sick, educate the orphan, and bury the dead.			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 365 Hope St		City Bristol	State RI	Zip 02809	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jason Nystrom			Vice-President Name M J Benevides		
Street Address 2 Everett St			Street Address 572 Child St		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name William Stephens			Treasurer Name Edward Wiacek		
Street Address 1 Leyland Ct			Street Address 88 Mulberry Rd		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. 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 Timothy Pray			Director Name Leonard Sanford		
Street Address 524 Hope St			Street Address 868 Hope St		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Jose' DaSilva			Director Name Andrew Benn		
Street Address 31 Brooks Farm Dr			Street Address 9 Hydraulion Ave		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. 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 Edward M. Wiacek				Date June 10, 2017	
Signature of Officer/Authorized Representative <i>Edward M Wiacek</i>				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

JUN 15 2017
 BY *[Signature]*