



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.

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 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 2017 JUN 28 AM 10:36

1. Entity ID Number 30032		2. Exact name of the Corporation WESTERLY MASONIC FOUNDATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island SOCIAL AND CHARITABLE			
4. NAICS Code <i>Other social advor. organic</i> 813319					
6. Principal Office Address 20 ELM STREET			City WESTERLY	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRETT MARGGRAFF			Vice-President Name LYNN GEBLER		
Street Address 25 Tum-A-Lum Circle			Street Address 76 Buttonwoods Road		
City Westerly	State RI	Zip 02891	City Wyoming	State RI	Zip 02898
Secretary Name DANIEL RZEWUSKI			Treasurer Name DAVID CRANDALL		
Street Address 28 Burlingame Drive			Street Address 201 Klondike Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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 PAT COLLINS			Director Name LYNN GEBLER		
Street Address 8 Laurel Avenue			Street Address 76 Buttonwoods Road		
City Westerly	State RI	Zip 02891	City Wyoming	State RI	Zip 02898
Director Name LEVERETT ANDREWS			Director Name		
Street Address 34 Wagner Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
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 <i>David E. Crandall Treas.</i>					Date <i>6/15/17</i>
Signature of Officer/Authorized Representative					

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 28 2017
 BY *30032*
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