



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 000031399		2. Exact name of the Corporation NORTH KINGSTOWN F.O.P. LODGE #33			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE THE FRATERNAL, SOCIAL AND CHARITABLE GOALS AND OBJECTIVES OF THE MEMBERSHIP AND ANY OTHER CHARITABLE, SOCIAL OR FRATERNAL PURPOSE TITE=LE: 7-6			
4. NAICS Code 813319 - Other Social Advoc <input type="checkbox"/>					
6. Principal Office Address P.O. BOX 276			City NORTH KINGSTOWN	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LOUIS J. NARCISO			Vice-President Name JOHN PETRELLA		
Street Address 166 TERRE MAR DRIVE			Street Address 31 LANTERN LANE		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name CARLTON ARRUDA			Treasurer Name MARTIN HYMAN		
Street Address 6 EBONY COURT			Street Address P.O. BOX 829		
City NORTH KINGSTOWN	State RI	Zip 02852	City SAUDERSTOWN	State RI	Zip 02874
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 DENNIS HILLARD			Director Name DONALD F. WHALEY		
Street Address 68 SECLUDED DRIVE			Street Address 31 LYDIA DRIVE		
City WAKEFIELD	State RI	Zip 02879	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name EDWARD S. BURROWS			Director Name RICHARD D. COREY		
Street Address 13 SHADY LANE			Street Address 966 OLD BAPTIST ROAD		
City JAMESTOWN	State RI	Zip 02835	City NORTH KINGSTOWN	State RI	Zip 02852
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 LOUIS J. NARCISO, PRESIDENT				Date 6/23/2017	
Signature of Officer/Authorized Representative <i>Louis Narciso</i>					

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

BY

JUN 28 2017

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FORM 631 - Revised: 06/2017