

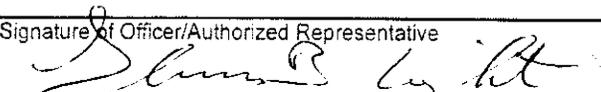


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

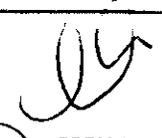
Annual Report for the year: 2017

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 26181		2. Exact name of the Corporation Harmony Lodge, No 5, of the Independent Order of Odd Fellows in the town of East Greenwich			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Fraternal Organization			
4. NAICS Code 813410					
6. Principal Office Address 122 Pleasant Street			City North Kingstown	State RI	Zip 02851
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gordon D Taylor			Vice-President Name Thomas Gotauco		
Street Address 6 Woodmont Rd			Street Address 772 Fletcher Rd		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Thomas B Wright			Treasurer Name Harold J Nonnonmacher		
Street Address 18 Holiday Ct			Street Address 115 Holiday Ct		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Gordon Taylor			Director Name Thomas B Wright		
Street Address 6 Woodmont Rd			Street Address 18 Holiday Ct		
City North Kingstown	State RI	Zip 02852	City Wakefield	State RI	Zip 02879
Director Name Harold J Nonnenmacher			Director Name		
Street Address 115 Holiday Ct			Street Address		
City Wakefield	State RI	Zip 02879	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 Thomas B Wright , Secretary				Date June 26, 2017	
Signature of Officer/Authorized Representative 					

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

FILED
JUN 28 2017
 BY 2295 
 FORM 631 - Revised: 06/2017