**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**
**Office of the Secretary of State - Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

**Filing Period:** June 1 - June 30 • **This report must be typed or printed legibly.**
**Filing Fee:** $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

| 1. Entity ID No. | 2. Exact name of the Corporation |
|---|---|
| 75787 | SOCIAL REBEKAH LODGE II, I.O.O.F. |
| **3. State of Incorporation** | **4. Brief description of the character of business conducted in Rhode Island** |
| RHODE ISLAND | NON PROFIT FRATERNAL ORGANIZATION |

| 5. Principal office address | City | State | Zip |
|---|---|---|---|
| 611 OLD COLONY TERRACE | TIVERTON | R.I. | 02878-1813 |

**6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)** ☐

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| NANCY GOMBEYSKI | 10 LARCHMONT DRIVE | COVENTRY | R.I. | 02816 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| JUDITH VAGHINI | 41 CARTER STREET | LANCASTER | MA | 01523 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| MARILY SCOTT | 17 DOUGLAS ROAD | WHITINSVILLE | MA | 01588 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| H. JANE JERAULD | 611 OLD COLONY TERRACE | TIVERTON | R.I. | 02878-1813 |

**7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS** ("X" BOX FOR ATTACHMENT) ☐

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| DEARE WARREN | 120 WATER STREET | PORTSMOUTH | R.I. | 02878 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| LOIS GOULART | 9 BRUCHARD AVENUE | LITTLE COMPTON | RI | 02837 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| DOLORES MASSA | 205 TOWER STREET | FALL RIVER | MA | 02724 |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

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**8. REGISTERED AGENT IN RHODE ISLAND**
**This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.**

*This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

**File Date** _____ 3:42
**Check No** _____
**By:** _____
**FOR SECRETARY OF STATE USE ONLY**

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JUN 30 2017
BY 0307424

Form No. 631
Revised: 05/2012

**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.**

H. Jane Jerauld 6-1-2017
Signature of Officer Date

H. JANE JERAULD
Print or Type Name of Officer

TREASURER
Title of Officer