



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. 75787		2. Exact name of the Corporation SOCIAL REBEKAH LODGE 11, I.O.O.F.	
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island NON-PROFIT FRATERNAL ORGANIZATION	
5. Principal office address 611 OLD COLONY TERRACE		City TIVERTON	State R.I. Zip 02878-1813
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name NANCY GOMBEYSKI		Vice-President Name JUDITH VAGHINI	
Street Address 10 LARCHMONT DRIVE		Street Address 47 CARTER STREET	
City COVENTRY	State R.I. Zip 02816	City LANCASTER	State MA Zip 01523
Secretary Name MARILY SCOTT		Treasurer Name H. JANE JERAULD	
Street Address 17 DOUGLAS ROAD		Street Address 611 OLD COLONY TERRACE	
City WHITINSVILLE	State MA Zip 01588	City TIVERTON	State R.I. Zip 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 DEARE WARREN		Director Name LOIS GOULART	
Street Address 120 WATER STREET		Street Address 9 BRUCHARD AVENUE	
City PORTSMOUTH	State R.I. Zip 02878	City LITTLE COMPTON	State RI Zip 02878
Director Name DOLORES MASSA		Director Name	
Street Address 205 TOWER STREET		Street Address	
City FALL RIVER	State MA Zip 02724	City	State Zip
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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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

3:42
FILED
JUN 30 2017
BY 90307424

RECEIVED
STATE
BUS. SVCS. DIV.
2017 JUN 30 PM 3:40