



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Check #675
6-15-2016

Copy
A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 1		2. Name of Corporation SOCIAL REBEKAH LODGE NO. 11, I.O.O.F.	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 611 OLD COLONY TERRACE	
		City TIVERTON	Zip 02878-1813
5. Foreign corporation. Enter principal office address N/A		City N/A	State N/A
		City N/A	Zip N/A
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name NANCY GOMBEYSKI		Vice President Name JUDITH VAGHINI	
Street Address 10 LARCHMONT DRIVE		Street Address 74 LANCASTER ROAD	
City COVENTRY	State R.I.	City CLINTON	State MA
Zip 02816		Zip 01510	
Secretary Name MARILYN SCOTT		Treasurer Name H. JANE JERAULD	
Street Address 17 DOUGLAS ROAD		Street Address 611 OLD COLONY TERRACE	
City WHITINSVILLE	State MA	City TIVERTON	State RI
Zip 01588		Zip 02878-1813	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name DEARE WARREN		Director Name LOIS GOULART	
Street Address 120 WATER STREET		Street Address 9 BRUCHARD AVENUE	
City PORTSMOUTH	State RI	City LITTLE COMPTON	State RI
Zip 02870		Zip 02837	
Director Name DOLORES MASSA		Director Name	
Street Address 205 TOWER STREET		Street Address	
City FALL RIVER	State MA	City	State
Zip 02724			
9. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78			

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver of Trusts.

3:41 FILED

JUN 30 2017

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 6-15-2016
Signature of Officer Date

H. JANE JERAULD
Print or Type Name of Officer

TREASURER
Title of Officer

File Date _____

Check No. _____

By: _____

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