



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 29209		2. Exact name of the Corporation Pausacaco Lodge			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Outing club.			
4. NAICS Code 813312 - Environment, Conserv					
6. Principal Office Address c/o Mr. James Murdock, 118 Greenwood Drive		City Wakefield		State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fanny Knox Ennever			Vice-President Name		
Street Address 123 Elm Street, #2			Street Address		
City Somerville	State MA	Zip 02144	City	State	Zip
Secretary Name Caroline M. Sawyer			Treasurer Name James Murdock		
Street Address 12 Leonard Street			Street Address 118 Greenwood Drive		
City Foxborough	State MA	Zip 02035	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 Fanny Knox Ennever			Director Name James Murdock		
Street Address 10 WILLIAMS ST #35			Street Address 118 Greenwood Drive		
City BOSTON	State MA	Zip 02119	City Wakefield	State RI	Zip 02879
Director Name Caroline M. Sawyer			Director Name		
Street Address 12 Leonard Street			Street Address		
City Foxborough	State MA	Zip 02035	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative James Murdock, Treasurer				Date JULY 19, 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
JUL 19 2017
BY **41705**

FORM 631 - Revised: 06/2017