



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 28 PM 2:52

1. Entity ID Number 30647		2. Exact name of the Corporation The John Potter 3rd Memorial	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To provide a meeting place for a Masonic Lodge	
4. NAICS Code 813110			
6. Principal Office Address 65 Maple Drive		City Harrisville	State RI
		Zip 02830	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Christopher Ellis		Vice-President Name Stephen T. McGuire	
Street Address 75 Coit Ave.		Street Address 109 Timberline Rd.	
City West Warwick	State RI	City Warwick	State RI
Zip 02803		Zip 02886	
Secretary Name Ronald W. Slocum		Treasurer Name William G. Dawless	
Street Address 65 Maple Drive		Street Address 32 Squirrel Run	
City Harrisville	State RI	City West Greenwich	State RI
Zip 02830		Zip 02812	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Herbert H. McGuire		Director Name Peter A. Naumann	
Street Address 19 Paulette Dr.		Street Address 32 Newport Ave.	
City Coventry	State RI	City North Kingstown	State RI
Zip 02816		Zip 02852	
Director Name Robert W. Knott		Director Name Ernest E. Slocum Jr.	
Street Address 480 Tea Rod Rd.		Street Address 108 Sunnybrook Dr.	
City Exeter	State RI	City North Kingstown	State RI
Zip 02822		Zip 02852	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Stephen T. McGuire		Date 2:52 pm 2/28/2018	
Signature of Officer/Authorized Representative <i>Stephen T. McGuire</i>		SIGN DOCUMENT HERE FILED	

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

FEB 28 2018

BY 325555

FORM 631 - Revised: 06/2017