State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 28 PM 2:52

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	2. Exact name of the Corporation
30647	The John Potter 32d 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	City	State	Zip
65 Maple Drive	Harrisville	RI	02830

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Christopher Ellis	Stephen T. McGuire
Street Address: 73 Coit Ave.	Street Address: 109 Timberline Rd.
City: West Warwick State: RI Zip: 02803	City: Warwick State: RI 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 Zip: 02830	City: West Greenwich State: RI Zip: 02817

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name	Director Name
Herbert H. McGuire	Peter A. Naumann
Street Address: 19 Paulette Dr.	Street Address: 32 Newport Ave.
City: Coventry State: RI Zip: 02816	City: North Kingstown State: RI Zip: 02852
Director Name: Robert W. Knott	**Director Name:** Ernest E. Slocum Sr.
Street Address: 480 Tea Rod Rd.	Street Address: 108 Sunny Rock Dr.
City: Exeter State: RI Zip: 02822	City: North Kingstown State: RI 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	Date
Stephen T. McGuire 2:52 pm	2/28/2018

Signature of Officer/Authorized Representative: Stephen T. McGuire

SIGN DOCUMENT HERE

FILED

FEB 28 2018

BY 325555

KM

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

FORM 631 - Revised: 06/2017