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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

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→ Penalty: Additional \$25.00 fee if	form is not filed by	July 30.			. m			
1. Entity ID Number	2. Exact name of the Corporation							
2801	GRANITE LODGE NO. 33, IDDE, BURBULUC							
3. State of Incorporation	5. Brief description	on of the character	r of business conducted in Rhode Isl	and	- CONTRI			
RI								
4. NAICS Code 8 3410	((270)	- 15 MAY	ORGANIZA.	NON	`			
6. Principal Office Address			City	State	Zip			
178 HIGH 5	TREFT	ζ .	BRISTOL	RI	Da809			
7. List ALL officers (names and addresses)			Check the	box to indicate an	attachment			
President Name	<u> </u>	9 M	Vice-President Name					
GEDRGE L. GLOVER DY								
15 JACLYN F	PRVE	•	Street Address		·			
COVENTRY	State	zip 2816	City	State	Zip			
Secretary Name RDBERY A	KRNE		Treasurer Name GEORGE L. G	LOVER	THE			
Street Address FARNUM	1 170A)	>	Street Address	DRIVE	- \ _ \ _ \ 			
CITY	State	2ip 02888	COVENTRY	State	82816			
B. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.								
				ck the box to indicate	an attachment 🔲			
Director Name GEORGE L.	GLOVE	हार मा	Director Name RUSSELL A	NOYE	ACA			
Street Address 15 TACLYN	DRIVE		Street Address 63 RDSEGRR	`				
COVENTRY	State	Sipa816	City WARNICK	State	29888 Zip			
Director Name ROBERT A.	KANS		Director Name		10000			
Street Address	apt m	AD	Street Address					
CITYWARNNICH	State	78288°	City	State	Zıp			
	1. This information is		In the Denadment of State, Changes and					
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.								
Name of Officer/Authorized Represe	antativo	ecretary, Assistant Sec	retary, Treasurer, duly Authorized Represental		P			
GEORGE L. G	LOVER	TH	——————————————————————————————————————	MAN 9	,2018			
Signature of Officer/Authorized Representative Sign DOCLIMENT HERE Sign DOCLIMENT HERE Sign DOCLIMENT HERE								
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode I	sland 02904-2615	<u> </u>	D: 48	<u> </u>				

Website: www.sos.n.gov