



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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 MAY -9 PM 2:45

Annual Report for the year:
Non-Profit Corporation

2017

- 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 28011		2. Exact name of the Corporation GRANITE LODGE NO. 33, I.D.F., BURBOLUK			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FRATERNAL ORGANIZATION			
4. NAICS Code 813410					
6. Principal Office Address 178 HIGH STREET		City BRISTOL	State RI	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name GEORGE L. GLOVER II			Vice-President Name		
Street Address 15 JACLYN DRIVE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name ROBERT A. KANE			Treasurer Name GEORGE L. GLOVER II		
Street Address 95 FARNUM ROAD			Street Address 15 JACLYN DRIVE		
City WARWICK	State RI	Zip 02888	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name GEORGE L. GLOVER II			Director Name RUSSELL A. NOVERCA		
Street Address 15 JACLYN DRIVE			Street Address 63 ROSEGARDEN		
City COVENTRY	State RI	Zip 02816	City WARWICK	State RI	Zip 02888
Director Name ROBERT A. KANE			Director Name		
Street Address 95 FARNUM ROAD			Street Address		
City WARWICK	State RI	Zip 02888	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.					
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 GEORGE L. GLOVER II			FILED		Date MAY 9, 2018
Signature of Officer/Authorized Representative George L. Glover II			MAY 09 2018 SIGN DOCUMENT HERE BY VL 330300 2:46		