



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

Annual Report for the year: **2018**

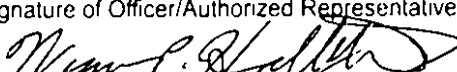
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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SECRETARY OF STATE
CORPORATIONS DIVISION
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| | | | | | |
|---|--------------------|--|---|--------------------|--------------------------|
| 1. Entity ID Number 1669886 | | 2. Exact name of the Corporation The Master, Wardens, and Brethren of St. John's Lodge of free and accepted Masons, No. 1 in the Town of Providence | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island A charitable fraternal organization | | | |
| 4. NAICS Code 813319 - Other Social Advoc | | | | | |
| 6. Principal Office Address 2115 Broad Street | | City Cranston | | State RI | Zip 02905 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/> | | | | | |
| President Name Edward D. Bertrand | | | Vice-President Name Richard Gonzalez | | |
| Street Address 73 Isle of Capri Road | | | Street Address 80 Burnside Road | | |
| City Coventry | State RI | Zip 02816 | City Cranston | State RI | Zip 02910 |
| Secretary Name Wyman P. Hallstrom, Jr. | | | Treasurer Name Ronald P. Reed | | |
| Street Address P.O. Box 8397 | | | Street Address P.O. Box 22 | | |
| City Warwick | State RI | Zip 02888 | City Albion | State RI | Zip 02802 |
| 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 Edward D. Bertram | | | Director Name Richard Gonzalez | | |
| Street Address 73 Isle of Capri Road | | | Street Address 80 Burnside Street | | |
| City Coventry | State RI | Zip 02816 | City Cranston | State RI | Zip 02910 |
| Director Name Mazen El Alsabe | | | Director Name | | |
| Street Address 20 Annie Street | | | Street Address | | |
| City ProvidenceRI | State 02908 | Zip | 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i> | | | | | |
| Name of Officer/Authorized Representative Wyman P. Hallstrom, Jr., Secretary | | | | | Date 6/11/2018 |
| Signature of Officer/Authorized Representative  | | | | | |

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