



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.

1. Entity ID Number 67267		2. Exact name of the Corporation South Kingstown Masonic Hall			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To acquire, build and maintain property for Hope lodge No. 25 AF&AM for meetings			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 64 Columbia Street, PO Box 285			City Wakefield	State RI	Zip 02879-0285
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Garr			Vice-President Name Louis Clark		
Street Address 109 Enterprise Terrace			Street Address 794 Ministerial Road		
City Kingston	State RI	Zip 02881	City Wakefield	State RI	Zip 02879
Secretary Name Dennis C. Hilliard			Treasurer Name John Adams		
Street Address 68 Secluded Drive			Street Address 35 Liena Rose Way		
City Wakefield	State RI	Zip 02879	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: <input type="checkbox"/>					
Director Name Diane Miller			Director Name Thomas Clune, IV		
Street Address 31 White Oak Court			Street Address 173 Dendron Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Andre Gregoire			Director Name		
Street Address 320 Westmoreland Streetm Unit C5			Street Address		
City Narragansett	State RI	Zip 02882	City	State RI	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 Dennis C. Hilliard				Date 6/1/18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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

FILED

JUN 18 2018

FORM 631 - Revised: 11/2017

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