



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

Annual Report for the year:

Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

2019 MAY 16 AM 9:59

1. Entity ID Number <b>27581</b>		2. Exact name of the Corporation <b>OTHA BOONE Lodge #931 I.B.P.O.E.W</b>	
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>FRATERNAL ORGANIZATION Lodge of ELKS</b>	
4. NAICS Code <b>813410</b>			
6. Principal Office Address <b>32 HASKIN STREET</b>		City <b>PROV.</b>	State <b>R.I.</b>
		Zip <b>02903</b>	
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>EVERTON GASKIN</b>		Vice-President Name <b>WILLIAM FERNANDES</b>	
Street Address <b>13 GLAUSTER STREET</b>		Street Address <b>26 FRANK STREET</b>	
City <b>PROV.</b>	State <b>R.I.</b>	City <b>PROV.</b>	State <b>R.I.</b>
Zip <b>02908</b>		Zip <b>02903</b>	
Secretary Name <b>THEARTIC BROOKS</b>		Treasurer Name <b>GLENFIELD GASKIN</b>	
Street Address <b>P.O. BOX 10392</b>		Street Address <b>SAME AS ABOVE</b>	
City <b>CRANSTON</b>	State <b>R.I.</b>	City <b>PROV.</b>	State <b>R.I.</b>
Zip <b>02910</b>		Zip <b>02903</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>EVERTON GASKIN</b>		Director Name <b>THEARTIC BROOKS</b>	
Street Address <b>13 GLAUSTER STREET</b>		Street Address <b>SAME AS ABOVE</b>	
City <b>PROV.</b>	State <b>R.I.</b>	City <b>CRANSTON</b>	State <b>R.I.</b>
Zip <b>02908</b>		Zip <b>02910</b>	
Director Name <b>GLENFIELD GASKIN</b>		Director Name	
Street Address <b>SAME AS ABOVE</b>		Street Address	
City <b>PROV.</b>	State <b>R.I.</b>	City	State
Zip <b>02903</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative <b>Theartic Brooks</b>		Date <b>May 16, 2019</b>	
Signature of Officer/Authorized Representative			

**FILED**

MAY 16 2019

9:59

BY CK FDYS5