



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

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 SECRETARY OF STATE
 CORPORATIONS DIV.

Annual Report for the year: 2019
 Non-Profit Corporation

2019 MAY 16 AM 9:59

- 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 27581		2. Exact name of the Corporation OTHA BOONE Lodge #931 I.B.P.O.E.W			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island FRATERNAL ORGANIZATION Lodge of ELKS			
4. NAICS Code 813410					
6. Principal Office Address 32 HASKIN STREET			City PROV.	State R.I.	Zip 02903
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name EVERTON GASKIN		Vice-President Name WILLIAM FERNANDES			
Street Address 13 GLAUSTER STREET		Street Address 26 FRANK STREET			
City PROV.	State R.I.	Zip 02908	City PROV.	State R.I.	Zip 02903
Secretary Name THEARTIC BROOKS		Treasurer Name GLENFIELD GASKIN			
Street Address P.O. BOX 10392		Street Address SAME AS ABOVE			
City CRANSTON	State R.I.	Zip 02910	City PROV.	State R.I.	Zip 02903
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 EVERTON GASKIN		Director Name Theartic Brooks			
Street Address 13 GLAUSTER STREET		Street Address SAME AS ABOVE			
City PROV.	State R.I.	Zip 02908	City Cranston	State R.I.	Zip 02910
Director Name GLENFIELD GASKIN		Director Name			
Street Address SAME AS ABOVE		Street Address			
City PROV.	State R.I.	Zip 02903	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.					
<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 Theartic Brooks				Date May 16, 2019	
Signature of Officer/Authorized Representative				FILED	

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

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