

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______ 2005

| Filing Period: June 1 - June (FORM MUST BE TYPED OR PRIN | | n: \$20.00 | TOKITOR THE | LAK _ | | |
|--|-------------------------------|------------------------------|--|-----------------|-------------------------------|--------------------------|
| 1. Corporate ID No | 2. Name of Corporation | | | | | |
| 120328 | | arming Centers for Children, | t | | | |
| 3. State of Incorporation | 4. Corporate address in Rh | exte Island - Signet Address | inc. | | | |
| MASSACHUSETTS | One Rha | des Place | <u>.</u> | Const | 10n | 029:05 |
| 5. Foreign corporation. Enter princ | cipal office address | | City | State | | Zip |
| 6 Brief Description of the character of | of the offatrs which are actu | ally conducted in Rhade Ida | nd | | | |
| TO ESTABLISH AND FUND O | ONE OR MORE CLINIC | S OR LEARNING CEN | TERS TO AID AND ASSIST CHIL | DREN WITH | LANGUAGE | OR LEARNING |
| | | | MENT) | | | 1 |
| Presidept Name | t | (I was I on Willelin | Vice President Name | FURE USING | J ALIACHN | IENTS |
| CLark W. | <u>Cate</u> | | James L | unct | 2 51 | _ |
| Street Address LOWE// | <u> 5</u> | | Street Address Peach | <i>Try</i> , | e Ro | |
| John clon | State / ?- /- | zip 02117-311J | No Ning Stown | (·nio /< i | | 0283 2 |
| Secretary Name | W. Ba | | Treasurer Name J E 1-11 est 1= | 5/2 | Cum | 1 |
| Street Address | W. 1809 | iers. | Street Address | 0 10 | COPP | <u>'</u> |
| 50 Keller | Av. | | 103 Sunny | <u>Broo</u> | | <u> </u> |
| Rum ford | Siaic RI | 02916 | NO Kingstown | State 12I | | zip VL852 - 15738 |
| 8. NAMES AND ADDRESSES | OF THE DIRECTORS | | <i>-</i> — | | | |
| THE NUMBER OF DIRECTO | RS OF A DOMESTIC | (RHODE ISLAND) C | ORPORATION <u>SHALL NOT B</u> | E LESS THA | <u>N THREE</u> (| (3). R.I.G.L. 7-6-23 |
| Director Name | 110 | | Director Name | · | 6 | / |
| Stephen T McGuire | | | Waune Wunschel | | | |
| Since Address Timber | er-line | Dr. | 25 Tries | <u>f</u> -e 5 | 1+, | |
| Gily Varwick | State, T | 02886 | Pantucket | State / | - | 0 2860-4754 |
| Director Name | er Willi | 5 Ph.D | Director Name | · · · · · · | | |
| Sircel Address Wamp | 12/ | , | Street Address | | | |
| | UM CO | 7/6 | City | State | | Zip |
| Narragansett | / | U2882 | | | - (12 (5 | ` |
| | RHODE ISLAND - DO | NOT ALTER - Chang | es require filing of Form 64 | 1 · K.I.G.J | /-6-13 / /- | 0-78 |
| Agent Name | | | Address | | | |
| PETER E. ALLEN | | | | | 215 | |
| Address | | | City | | <i>Z(</i> р | |
| ONE RHODES STREET | | | CRANSTON | | 02905- | |
| This report must be s | signed in ink by cithe | er the President, Vice P | resident, Secretary, Assistant S | ecretary, Tre | asurer, Rec | eiver or Trustee |
| 1 183181 1/811 | | | | | | |
| | | | | | | |
| | | | | | . 1 - 65 45 | a I have avantage this |
| 1 184181 11811 | 120328 | | Under penalty of perjuing report, including any ac | y, i deciare ai | ad attirm ind chedules and | statements, and that all |
| | 120320 | | statements contained he | | | |
| File Date | J | | () Jes | Storm | me X | 6-20-05 |
| | | | Signature of Officer | رست س | | Date |
| Check No72 | <u> </u> | 1 | ErnesT E. | Slocu | T. | |
| | | | Print or Type Name of O | Jicer | YPC 4 SIC | |
| Ву: | | | Treasurer | | | |
| FOR SECRETARY OF ST | TATE USE ONLY | _ | Title of Officer | | | |



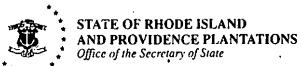
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3040

| Filing Period: June 1 - June (FORM MUST HE TYPED OR PRI | | e: \$20.00 | | | | |
|--|---|--|---------------------------------|--------------------------|--|----------------|
| I. Corporate ID No. | 2. Name of Corporation | | | | | |
| 120328 | 32nd Degree Masonic Learning Centers for Children, Inc. | | | | | |
| 3 State of Incorporation | | bode Island - Street Address | • | City | Zip | |
| MASSACHUSETTS | 2115 3 | road Stra | 2e+ | Cranst | on 029 | 05 |
| 5. Foreign corporation. Enter prin | | 7045 | City | State | Zip | |
| | , ~ | | ` | | | |
| DISABILITIES. | D ONE OR MORE CLIN | NICS OR LEARNING CE | ENTERS TO AID AND ASSIST C | | | ARNING |
| 7. NAMES AND ADDRESSES | S OF THE OFFICERS: | ("X" BOX FOR ATTACH | MENT) TILL IN SPACES B | EFORE USING | ATTACHMENTS | |
| President Name | | | JAMES LYNCH SK | | | |
| CLARK W. CATE | | <u>. </u> | 1 1 1 | <u> </u> | | |
| Street Address | | | SI PEALH TREE | - 6 | | |
| & LOWELL DR | I contra | 7/0 | City. | State | Zip | |
| JOHNSTON | State RT | 02919-5113 | NO KINGSTOWN | RI | | 152 |
| SOCRETY Name JACQUELYN W. | ROGERS | | Treasurer Name ERNEST & SLO | CUA | | |
| Sirce Address 50 KELLEY | AVE | | Sirce Address 54 NNY BL | OOK DK | • | |
| KUA FORD | State | 129/6 | No KINGSTOWN | State RT | 7.4p 62852 | 1538 |
| 8. NAMES AND ADDRESSE. | I /\ S OF THE DIRECTOR | , | CHMENT) ☐ FILL IN SPACES I | BEFORE USING | • | |
| | | | CORPORATION SHALL NOT | | | .L. 7-6-23 |
| Director Name | ORS OF A DOMESTIC | c (Knobi: Islanb) | Director Name | | (0) | |
| 4 | UBINI | | Peter E. | Aller | 7 | |
| Siree Address | , DOLLING | | Sirect Address | 7711-1 | | |
| | ILL B | | 6 Fenwick | | | |
| NO SCITUATE | State | 62857 | Riverside | State RI | 129 | 15 |
| Director Name Gardner | C. Scony | 1ers | STEPHED | E Co | 21-pen+ | د/ |
| Sirrer Address Rhoda | | Au. | Street Address Marva | nn C | Court | |
| Newport | State RI | 02840 | Wo Providence | - | • | 1.1458 |
| 9. REGISTÈRED AGENT IN | KHODE ISLAND - DO | O MOT WEIFK - Chau | ges require filing of Form 6 |)41 · K.I.U.L. / | ······································ | |
| Agent Name PETER E. ALLEN | | | Address | | | |
| | . | | City | | | |
| Address ONE RHODES STREET | | | CRANSTON | ľ | 0290 5 - | |
| | · | | | | | |
| This report must be | signed in ink by cith | er the President, Vice | President, Secretary, Assistant | Secretary, Trea | isurer, Receiver or T | rustee |
| | | | Under penalty of perjo | ury, I declare and | d affirm that I have ex | camined this |
| * 1 | <u> 2 U 5 2</u> | _o * | | | hedules and statements | , and that all |
| 12121 | v. t | | statements contained h | icicin aic true an | / // | 0 .0 |
| File Date 10 1 C | 24 | | Smest C | 1/20 | cury-1 | -8-08 |
| Check No. 146 | | | Signature of Officer Francis | E Sloc | · · · · · · · · · · · · · · · · · · · | Date |
| 11 | | | Print or Type Name of C | <u>ب ۱۷۲۰</u> Officer | SITE VI | |
| By: | | | | | | |
| FOR SECRETARY OF | STATE USE ONLY | 1 | reasive | <u>.</u> | <u> </u> | <u> </u> |

Title of Officer



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

| * * * * | | | 0000 |
|-----------|-----------------|---------------------------------|------|
| NON-PROFI | T CORPORATION A | ANNUAL REPORT FOR THE YEAR $_$ | 2003 |
| • | | == := : = | |

| Filing Period: June 1 - J | - | Fee: \$20.00 | | | | |
|---|---|---|--------------------------------------|--|--|--|
| (FORM MUST BE TYPED OR I | 2. Name of Corporal | ion | | | | |
| 120328 | 32nd Degree Mason | ic Leaming Centers for Childre | en. Inc. | | | |
| 3. State of Incorporation | 32nd Degree Masonic Learning Centers for Children, Inc. 4. Corporate address in Rhode Joland - Street Address I RODDES TLACE CARDETON, LET 02905 | | | Zip 00 30 | | |
| MASSACHUSETTS / ROODES PLACE | | | | | 11 02103 | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip | |
| 6. Brief Description of the characterist | cter of the affairs which | are actually conducted in Rho | ode Island. | | | |
| | | | ENTERS TO AID AND ASSIST C | HILDREN WITH LANGU | AGE OR LEARNING | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTAC | | | | BEFORE USING ATTA | CHMENTS | |
| President Name CLOCK W. CME | | | Vice President Name James Lynch, Sr. | | | |
| Street Address | 10 1 La | | Street Address | | | |
| 8 Lowell | 2112 | | 181 leachtve | e Koad | | |
| Sollus M | State 2 | 2ip 1254-5713 | North Kingston | V State RI | 02852 | |
| Secretary Name | 0 | | Treasurer Name | | - | |
| lacquelyn_W_ | lsogers | | Ernest E. Slocum, Jr. | | | |
| Sirrei Address S | , | | 1 - ·· | | | |
| 50-Kelley-Ave- | State | 02916 | 103 Sunnybroo | State | Zip | |
| Kumford | IRI_ | 02916 | Ma KingsTown_ | K.] | 02852 | |
| 8. NAMES AND ADDRESSE THE NUMBER OF DIRE | ES OF THE DIRECT | ORS ("X" BOX FOR ATTA ESTIC (RHODE ISLAND) | CHMENT) | ACES BEFORE USING BE LESS THAN THRE | ATTACHMENTS <u>E</u> (3). R.I.G.L. 7-6-23 | |
| Director Name | -·· | | Director Name | | | |
| TETER NO | لدجي | | STEPHEN T. M'GUIRE | | | |
| Street Address 6 FENNILA | | | Simer Address TIMBE | RLING | RD | |
| City R. 1500125 | State | Zip 02915 | City COW 5016 | Siaie R I | 2ip 02886 | |
| Director Name | 1 1/4 | 02)/3 | WARWICK Director Name | - / | 104000 | |
| WAYINE A. W | UNSCHEL | | CHRISTOPHER WILLIS | | | |
| Sireel Address | | | Street Address WAMPUA | 1 RO. | | |
| City | State | Zip | City | State OT | Zip, a RR-2 | |
| PINTUCICET | RI | 02860 | NARRAGANSETT | 1 /61 | 10200 | |
| | N RHODE ISLAND | DO NOT ALTER - Chan | ges require filling of Form 641 | - R.I.G.L. 7-6-13 / 7-6-7 | 8 | |
| Agent Name | | | 6 FENSICK RA R | ivension R.I | 02815 | |
| PETER E. ALLEN | | | City | Zip | | |
| ONE RHODES STREET | | | CRANSTON | 02 | 905 | |
| | ed in ink by either | the President, Vice Pre | esident, Secretary, Assistant | Secretary, Treasurer, | Receiver or Trustee | |
| 1 188181 11811 | | (1881-1811-1881 | · | | | |
| | | 188 11 15 | | | | |
| | | | | I declare and affirm that I | | |
| * 1 | 2 0 3 2 | <u>2</u> 8 * | | accompanying schedules and interest and are true and | | |
| Q / | 12 | | and that an statements co | | | |
| File Date 5-0- | 02 | _ | Dacquelin (| N Rogers | 6/16/03 | |
| 121 | Ś | , | Senature of Officet | | Dake | |
| Check No. | <u> </u> | - | Print or TVD Name of Offi | IN Koders | | |
| By | 11- | | | | • | |
| FOR SECRETARY OF STAT | E USE ONLY | • | Title of Officer | | Form 631 Rev. 6/0 | |

Filing Fee: \$20.00

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

| NO | N-PROFIT CORPORATION |
|---|--|
| Corporate ID Number <u>FNP-120328</u> | Annual Report for the year 2002 |
| 1. The name of the corporation is 32nd | Degree Masonic Learning Centers for Children, Inc. |
| 3. The address of the registered office of | ne laws of which it is incorporated is MASSACHUSETTS of the corporation in this state is CONTROLLES STREET CRANSTON, RI |
| 02905- | in this state at that address is PETER E. ALLEN |
| 4. The character of the affairs which it is | actually conducting in Rhode Island, briefly stated, is |
| • | of its principal office in the state or other jurisdiction under the laws of which it is |
| 6. Corporate address in Rhode Island | ONE PRODES ST. GRANSTON RT 02905 |
| 7. Names and addresses of its directors number of directors of a domestic (Rf | and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the node Island) corporation shall not be less than three (3).) |
| NAME OFFICE | ADDRESS |
| ROBERT SINGER Director | 180 DUBURN ST. CAMPSTON R.J. 02910 |
| ERNEST SLOCKY Director | 103 SUNYBROOK DR. NONTH KINKSTOWN BJOSD |
| CARANCA SCONSERS Director | 28 RABORT SLAND ANE NEWSONS, AT 01840 |
| PETER E. ALLEN Presiden | TENOME PER |
| 50WALD FIELDER Vice-Pre | ON - ROPORTS PR. COURNING IN CONTRACTOR |
| CLA1L CATE Secretar | TOWOLL IS JONNA TOWN IL |
| Treasure WUNSCHEL Treasure | 25 TRIESTE ST. POWTVCKET BY OLF60 |
| Dated: 5/18/02 | 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. |
| * 1 2 0 3 2 8 * | 31 DE GREE MASONIC LENGUING CENTER FOR CHICAGE. Exac. Name or Corporation |
| FOR SECRETARY OF STATE USE ONLY Cile Date: | Title PRESIDENT DIL 2. alle |
| Check No.: | (Report must be signed by an officer) |
| 3v: | Form No. 631 Revised 5/98 |