State of Rhode Island and Providence Plantations Fee: \$20.00 Office of the Secretary of State			
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615			
(401) 222-3040			
Non-Profit Corporation Annual Report Filing Period: June 1 - June 30			
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
1. Corporate ID No. 001679671			
2. Name of Corporation Overseas Lodge #40 F&AM			
3. State of Incorporation			
State: <u>RI</u>			
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>			
NAICS Code 6			
813410			
4. Corporate Address in Rhode Island			
No. and Street: <u>24 BLUFF ROAD</u>			
City or Town:HARRISVILLEState: RIZip: 02830Country: USA			
5. Foreign Corporation. Enter Principal Office Address			
No. and Street: <u>24 BLUFF ROAD</u>			
City or Town: <u>HARRISVILLE</u> State: <u>RI</u> Zip: <u>02830</u> Country: <u>UNI</u>			
6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island			
FRATERNAL MASONIC ORGANIZATION OPERATING AS A LODGE UNDER THE TAX			
EXEMPT GROUP EXEMPTION OF THE GRAND LODGE OF RHODE ISLAND FOR THE PURPOSE OF PROMOTING AND SUSTAINING GOOD MORAL, SOCIAL AND CIVIC			
ETHICS AND VARIOUS CHARITABLE CAUSES.			
7. Names and Addresses of the Officers and Directors:			

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	MICHAEL J BARBOZA CPA	24 BLUFF ROAD HARRISVILLE, RI 02830 USA
SECRETARY	WYMAN P HALLSTROM JR	18 LANE F COVENTRY, RI 02816 USA
ASSISTANT SECRETARY	FRANK DIMASCIO	1100 ATWOOD AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	MICHAEL J BARBOZA CPA	24 BLUFF ROAD HARRISVILLE, RI 02830 USA
DIRECTOR	WYMAN P HALLSTROM JR	18 LANE F COVENTRY, RI 02816 USA
DIRECTOR	FRANK DIMASCIO	1100 ATWOOD AVENUE JOHNSTON, RI 02919 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MICHAEL J BARBOZA CPA 24 BLUFF ROAD HARRISVILLE, RI 02830

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 24 Day of September, 2019 at 9:52:10 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>MICHAEL J BARBOZA CPA</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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