



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**  
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2019 AUG 16 PM 1:40

Annual Report for the year: 2019

Non-Profit Corporation

2019 OCT 24 PM 3: 00

→ 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 <u>125363</u>		2. Exact name of the Corporation <u>Club 1-2-3</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Masonic Charitable</u>	
4. NAICS Code <u>813211</u>			
6. Principal Office Address <u>883 Eddy Street</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Linda Twyman</u>		Vice-President Name <u>William T. White, II</u>	
Street Address <u>183 Baker St.</u>		Street Address <u>76 Knight St</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u> Zip <u>02920</u>
Secretary Name <u>Bettye J. Clanton</u>		Treasurer Name <u>L. David Shavers</u>	
Street Address <u>171 Pleasant St.</u>		Street Address <u>21 Church St.</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>E. Providence</u>	State <u>RI</u> Zip <u>02914</u>
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 <u>Yvonne Coleman</u>		Director Name <u>Lisa Dennis-Lopes</u>	
Street Address <u>P.O. Box 4792</u>		Street Address <u>120 Briggs St.</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
Director Name <u>Barbara J. Davis</u>		Director Name	
Street Address <u>P.O. Box 4934</u>		Street Address	
City <u>Rumford</u>	State <u>RI</u>	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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative <u>Bettye J. Clanton</u>		Date <u>8/16/19</u>	
Signature of Officer/Authorized Representative <u>Bettye J. Clanton</u>		SIGN DOCUMENT HERE	

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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