

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

Non-Profit Corporation

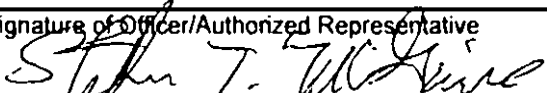
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

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SECRETARY OF STATE
CORPORATIONS DIV

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1. Entity ID Number 30647		2. Exact name of the Corporation The John Potter 3rd Memorial			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide a meeting place for a Masonic Lodge			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 65 Maple Drive			City Harrisville	State RI	Zip 02830
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Ellis			Vice-President Name Stephen T. McGuire		
Street Address 30 Barnes Street			Street Address 109 Timberline Road		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
Secretary Name Ronald W. Slocum			Treasurer Name William G. Dawless		
Street Address 65 Maple Drive			Street Address 32 Squirrel Run		
City Harrisville	State RI	Zip 02830	City West Greenwich	State RI	Zip 02817
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 Andrew Palmer			Director Name Peter A. Naumann		
Street Address 7919 Post Road			Street Address 32 Newport Avenue		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Robert W. Knott			Director Name Ernest E. Slocum Jr.		
Street Address 480 Ten Rod Road			Street Address 108 Sunnybrook Drive		
City Exeter	State RI	Zip 02822	City North Kingstown	State RI	Zip 02852
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Stephen T. McGuire				Date 11/20/2019	
Signature of Officer/Authorized Representative 					

FILED

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BY CH B3MQD