



RI SOS Filing Number: 202032787520 Date: 1/21/2020 1:39:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2019

→ 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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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 26942		2. Exact name of the Corporation Excelsior Lodge No. 49 I.O.O.F	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable and educational work	
4. NAICS Code 813219			
6. Principal Office Address P.O. Box 677		City Portsmouth	State RI
		Zip 02871	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Maurice Warren		Vice-President Name John Beebe	
Street Address 120 Water St		Street Address 10 Kerins ST	
City Portsmouth	State RI	City Newport	State RI
Zip 02871		Zip 02841	
Secretary Name Raye Fucito		Treasurer Name Louis Krueger	
Street Address 12 Grande Terr		Street Address 108 McIntosh DR	
City Middletown	State RI	City Portsmouth	State RI
Zip 02842		Zip 02871	
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 Deave Warren		Director Name Joanne Mower	
Street Address 120 Water ST		Street Address 100 Belmont ST	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
Director Name David Mower		Director Name	
Street Address 100 Belmont ST		Street Address	
City Portsmouth	State RI	City	State
Zip 02871		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 Louis Krueger		Date 17 Jan 2020	
Signature of Officer/Authorized Representative Louis Krueger		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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FORM 631 - Revised: 06/2017