



Department of State - Business Services Division

FILED
 MAY 21 2020
 BY NAUR
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Annual Report for the year: 2020
 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.

1. Entity ID Number <u>000026154</u>	2. Exact name of the Corporation <u>HARMONY LODGE No. 9, F & A M</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>FRATERNAL LODGE</u>
4. NAICS Code <u>813110</u>	

6. Principal Office Address <u>1237 REZERVOIR AVENUE</u>	City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02920</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name <u>PATRICK M. CONNOR JR.</u>				Vice-President Name <u>DAVID R. DESPLAINES</u>			
Street Address <u>215 ORCHARD STREET</u>				Street Address <u>75 AVENUE C.</u>			
City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>WOONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>		
Secretary Name <u>ROBERT J. KEMPF</u>				Treasurer Name <u>JAMES R. RAPSON</u>			
Street Address <u>222 WARRINGTON STREET</u>				Street Address <u>244 PARK VIEW AVENUE</u>			
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>		

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 <u>TRAVIS J. SOUSA</u>				Director Name <u>ROBERT J. FISH</u>			
Street Address <u>21 STERLING DRIVE APT. 12</u>				Street Address <u>53 RUTHER GLEN AVENUE</u>			
City <u>TIVERTON</u>	State <u>RI</u>	Zip <u>02878</u>	City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02907</u>		
Director Name <u>ROBERT P. IZZI</u>				Director Name			
Street Address <u>12 CHANDLER DRIVE</u>				Street Address			
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02816</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>JAMES R. RAPSON</u> <u>TREASURER</u>	Date <u>5-19-20</u>
Signature of Officer/Authorized Representative <u>James R. Rapson</u>	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov