



State of Rhode Island
Department of State - Business Services Division

FILED

JUN 28 2021

BY

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Annual Report for the year: 2021
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 000031399		2. Exact name of the Corporation NORTH KINGSTOWN F.O.P. LODGE #33			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PROMOTE THE FRATERNAL, SOCIAL, AND CHARITABLE GOALS AND OBJECTIVES OF THE MEMBERSHIP AND ANY OTHER CHARITABLE, SOCIAL, OR FRATERNAL PURPOSE.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address P.O. BOX 276		City NORTH KINGSTOWN	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LOUIS NARCISO		Vice-President Name JOHN PETRELLA			
Street Address 166 TERRE MAR DRIVE		Street Address 31 LANTERN LANE			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name CARLTON ARRUDA		Treasurer Name MARTIN HYMAN			
Street Address 6 EBONY COURT		Street Address P.O. BOX 829			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
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 DENNIS HILLIARD		Director Name EDWARD BURROWS			
Street Address 68 SECLUDED DRIVE		Street Address 13 SHADY LANE			
City WAKEFIELD	State RI	Zip 02852	City JAMESTOWN	State RI	Zip 02835
Director Name DONALD WHALEY		Director Name RICHARD COREY			
Street Address 31 LYDIA DRIVE		Street Address 966 OLD BAPTIST ROAD			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
9. The Registered Agent information of record with the RI Department of State is accurate. 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 CARLTON ARRUDA				Date JUNE 22, 2021	
Signature of Officer/Authorized Representative <i>[Handwritten signature]</i>					

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