



State of Rhode Island
Department of State - Business Services Division

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.

FILED

JUN 28 2021

BY 1418

1. Entity ID Number 67267		2. Exact name of the Corporation SOUTH KINGSTOWN MASONIC HALL			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO ACQUIRE, BUILD & MAINTAIN PROPERTY FOR HOPE LODGE NO. 25 ANCIENT FREE & ACCEPTED MASONS FOR MEETINGS.			
4. NAICS Code 813319 Other Social Advocacy					
6. Principal Office Address 64 COLUMBIA STREET, PO BOX 285			City WAKEFIELD	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL T. GARR			Vice-President Name LOUIS B. CLARK		
Street Address 109 ENTERPRISE TERRACE			Street Address 794 MINISTERIAL ROAD		
City KINGSTON	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name DENNIS C. HILLIARD			Treasurer Name JOHN H. ADAMS		
Street Address 68 SECLUDED DRIVE			Street Address 35 LIENA ROSE WAY		
City WAKEFIELD	State RI	Zip 02879	City COVENTRY	State RI	Zip 02816
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 RODNEY GILBERT			Director Name THOMAS CLUNE, IV		
Street Address 2378 POST ROAD			Street Address 173 DENDRON ROAD		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Director Name ANDRE GREGOIRE			Director Name		
Street Address 320 WESTMORLAND STREET, UNIT 5C			Street Address		
City NARRAGANSETT	State RI	Zip 02882	City	State	Zip
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 DENNIS C. HILLIARD				Date 6/18/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov