



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Non-Profit Corporation

JUL 21 2021

BY 2021/07/21

- 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 000484876		2. Exact name of the Corporation Reba RebeKah Lodge #12, I.O.O.F	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fraternal organization that performs charitable work.	
4. NAICS Code 813319			
6. Principal Office Address 178 High St.		City Bristol	State RI
		Zip 02809	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Christopher Veneri		Vice-President Name Robert Koehne	
Street Address 237 Draper Avenue		Street Address 5 Robin Hood Drive	
City Warwick	State RI	City Riverside	State RI
Zip 02889		Zip 02915	
Secretary Name Nancy Edler		Treasurer Name Peter Sousa	
Street Address 55 Sea Breeze Lane		Street Address 6 Harvard Street	
City Bristol	State RI	City Newport	State RI
Zip 02809		Zip 02840	
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 Christopher Veneri		Director Name Robert Koehne	
Street Address 237 Draper Avenue		Street Address 5 Robin Hood Drive	
City Warwick	State RI	City Riverside	State RI
Zip 02889		Zip 02915	
Director Name Nancy Edler		Director Name Peter Sousa	
Street Address 55 Sea Breeze Lane		Street Address 6 Harvard Street	
City Bristol	State RI	City Newport	State RI
Zip 02809		Zip 02840	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Nancy Edler			Date 7/14/2021
Signature of Officer/Authorized Representative <i>Nancy A. Edler, Secretary</i>			

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