



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**  
 SEP 24 2021  
 BY *[Signature]*

1. Entity ID Number 27581		2. Exact name of the Corporation OTHA BOONE LODGE#931 I.B.P.O.E.of w.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island THIS IS A FRATERNAL ORGANIZATION I.B.P.O.E.ofW LODGE OF ELKS			
4. NAICS Code 813410					
6. Principal Office Address 32 HASKIN STREET		City PROVIDENCE	State RI	Zip 02903	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name EVERTON GASKIN			Vice-President Name WILLIAM FERNANDES		
Street Address 13 GLAUSTER STREET			Street Address 78 FERN STREET		
City PROV.	State RI	Zip 02908	City WARWICK	State RI	Zip 02889
Secretary Name THEARTIC BROOKS			Treasurer Name GLENFIELD GASKIN		
Street Address 825 PONTIAC AVE. APT-1202			Street Address 679 WASHINGTON ST.		
City CRANSTON	State RI	Zip 02910	City Sth ATTLEBORO	State MA	Zip 02703
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name SAME AS ABOVE			Director Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name SAME AS ABOVE			Director Name SAME AS ABOVE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 THEARTIC BROOKS				Date 09/21/2021	
Signature of Officer/Authorized Representative <i>Theartic Brooks</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov