



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000485479		2. Exact name of the Corporation UNITED BROTHERS #13 LOOF	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code 813410		Fraternal Charitable Organization	
6. Principal Office Address PO 296		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 CHARLIE ROULEAU		Vice-President Name STELLA MOITZO	
Street Address 20 IAN ST		Street Address 64 SALISBURY ST	
City SWANSEA	State MA	City REHOBOTH	State MA
Zip 02777		Zip 02269	
Secretary Name FRANK MOITZO		Treasurer Name PETER SOUSA	
Street Address 64 SALISBURY ST		Street Address 8 HARVARD ST	
City REHOBOTH	State MA	City NEWPORT	State RI
Zip 02269		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 DEARE WARREN		Director Name PETER SOUSA	
Street Address PO Box 296		Street Address 8 HARVARD ST	
City BRISTOL	State RI	City NEWPORT	State RI
Zip 02809		Zip 02840	
Director Name FRANK MOITZO		Director Name 2023 MAR 22	
Street Address 64 SALISBURY ST		Street Address 2023 MAR 22	
City REHOBOTH	State MA	City 2023 MAR 22	State 2023 MAR 22
Zip 02769		Zip 2023 MAR 22	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 631.			
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 FRANK MOITZO			Date 3-20-2023
Signature of Officer/Authorized Representative [Signature]			FILED MAR 22 2023 BY WPNG1