RI SOS Filing Number: 202331602560 Date: 3/23/2023 2:36:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Non-Profit Corporation
→ Filing period: February 1 - May 1
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation
37976	Prine Hall Grand Chapter of Eastern STAR of the Jurisdiction of RH Ide Island and Providence Plantations (PHA)
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Masonic Charitable
4. NAICS Code: 813 211	

6. Principal Office Address	City	State	Zip
883 Eddy St. / P.O. Box 27900 Prov. RI 02907	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Mayne Travers			Vice-President Name: Jonathon Hurst		
Street Address: 16 Heath St.			Street Address: 139 Farmington Ave.		
City: Newport	State: RI	Zip: 02841	City: Cranston	State: RI	Zip: 02920
Secretary Name: Bettye J. Clanton			Treasurer Name		
Street Address: 171 Pleasant St.			Street Address		
City: Prov	State: RI	Zip: 02906	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Yvonne Coleman			Director Name: Fern Lima		
Street Address: P.O. Box 4792			Street Address: 22 Heath St		
City: Middletown	State: RI	Zip: 02842	City: Newport	State: RI	Zip: 02841
Director Name: Willa L Johnson			Director Name		
Street Address: 23 Gildas Ln			Street Address		
City: Portsmouth	State: RI	Zip: 02809	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.

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: Bettye J Clanton — FILED 23 — Date: 3/23/2023

Signature of Officer/Authorized Representative

MAR 23 2023
BY DSQ16

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