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
001669886	St. John's Lodge No. One F.&A.M. Providence
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: A charitable fraternal organization
4. NAICS Code: 813319 - Other Social Advoca	

6. Principal Office Address	City	State	Zip
2115 Broad Street	Cranston	RI	02905

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

President Name	Vice-President Name
John B. Paliotta	Joseph J. Bernier
Street Address: 48 Mathewson Street	Street Address: 180 Taber Avenue
City: Cranston, State: RI, Zip: 02920	City: Providence, State: RI, Zip: 02906
Secretary Name: Wyman P. Hallstrom, Jr.	**Treasurer Name:** Ronald P. Reed
Street Address: P.O. Box 8397 South Street	Street Address: P.O. Box 22
City: Warwick, State: RI, Zip: 02888	City: Albion, State: RI, Zip: 02802

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

Director Name	Director Name
John B. Paliotta	Joseph J. Bernier
Street Address: 48 Mathewson Street	Street Address: 160 Taber Avenue
City: Cranston, State: RI, Zip: 02920	City: Providence, State: RI, Zip: 02906
Director Name: Jason Shealy	**Director Name:**
Street Address: 86 Preston Drive	Street Address:
City: Cranston, State: RI, Zip: 02910	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	Date
Wyman P. Hallstrom, Jr., Secretary	3/16/23

Signature of Officer/Authorized Representative: Wyman P. Hallstrom

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BY ML 5482

MAIL TO:
Division of Business Services
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