

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

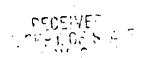
2023

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.





1, Entity ID Number	2. Exact name of the Corporation 2013 APR -4 P 3: 38				
001669886	St. John's Lodge No. One F.&A.M. Providence				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	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 John B. Paliotta			Vice-President Name 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 John B. Paliotta			Director Name 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, Treesurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	,
Wyman P. Hallstrom, Jr., Secretary				3/16	123
Signature of Officer/Authorized Representative FILED					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

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FORM 631 - Revised: 2/2023