



State of Rhode Island
Department of State - Business Services Division

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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 000484876		2. Exact name of the Corporation Reba Rebekah Lodge # 12, I.O.O.F.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Fraternal Organization that performs charitable work.			
4. NAICS Code 813319					
6. Principal Office Address 178 High St.		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 Richard Usher		Vice-President Name _____			
Street Address 23 Terrace Drive		Street Address			
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Nancy Edler		Treasurer Name Peter Sousa			
Street Address 55 Sea Breeze Lane		Street Address 6 Harvard Street			
City Bristol	State RI	Zip 02809	City Newport	State RI	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 Richard Usher		Director Name Peter Sousa			
Street Address 23 Terrace Drive		Street Address 6 Harvard Street			
City Bristol	State RI	Zip 02809	City Newport	State RI	Zip 02840
Director Name Nancy Edler		Director Name			
Street Address 55 Sea Breeze Lane		Street Address			
City Bristol	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.					
<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 Nancy A. Edler				Date 5/27/23	
Signature of Officer/Authorized Representative Nancy A. Edler, Secretary					