



State of Rhode Island  
Department of State - Business Services Division

517-337-1000

Annual Report for the year: 2024  
Non-Profit Corporation

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- 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 <u>000030148</u>		2. Exact name of the Corporation <u>Saint John's Encampment, Number one, of Knights Templar</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Masonic Organization</u>			
4. NAICS Code <u>813990</u>					
6. Principal Office Address <u>400 Meshanticut Valley Parkway #9</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Robert J. Fish</u>			Vice-President Name <u>Kenneth Angily</u>		
Street Address <u>53 Rutherglen Ave.</u>			Street Address <u>97 Hamilton Ave.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Warrwick</u>	State <u>RI</u>	Zip <u>02888</u>
Secretary Name <u>Steven Reali</u>			Treasurer Name <u>Roy F. Pruett</u>		
Street Address <u>106 Macklin St.</u>			Street Address <u>7 Grace Ave, Unit 69</u>		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>Richard Palmer</u>			Director Name <u>Kenneth Poyton</u>		
Street Address <u>7979 Post Road</u>			Street Address <u>400 Meshanticut Valley Pkwy #9</u>		
City <u>N. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Director Name <u>Paul Liese</u>			Director Name		
Street Address <u>105 Driver Lane</u>			Street Address		
City <u>S. Kingstown</u>	State <u>RI</u>	Zip <u>02879</u>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <u>Kenneth J. Poyton, Assistant Secretary</u>					Date <u>3/4/24</u>
Signature of Officer/Authorized Representative					

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BY K1267

MAIL TO:  
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