



**State of Rhode Island**  
**Department of State - Business Services Division**

**Annual Report for the year: 2024**

**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 <b>001669886</b>		2. Exact name of the Corporation <b>St. John's Lodge No. One F.&amp;A.M. Providence</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>A charitable fraternal organization.</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>2115 Broad Street</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joseph J. Bernier</b>			Vice-President Name <b>Jason Shealy</b>		
Street Address <b>180 Taber Avenue</b>			Street Address <b>86 Preston Drive</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>Wyman P. Hallstrom, Jr.</b>			Treasurer Name <b>Ronad P. Reed</b>		
Street Address <b>P.O. Box 8397 South Street</b>			Street Address <b>P.O. Box 22</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Albion</b>	State <b>RI</b>	Zip <b>02802</b>
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 <b>Joseph J. Bernier</b>			Director Name <b>Jason Shealy</b>		
Street Address <b>180 Taber Avenue</b>			Street Address <b>86 Preston Drive</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Director Name <b>Ronald J. Larrabee</b>			Director Name		
Street Address <b>34 Appleton Street</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	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>					
<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 <b>Wyman P. Hallstrom, Jr. Secretary</b>					Date <b>2/2/24</b>
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](http://www.sos.ri.gov)

APR 25 2024  
 BY **99E94** **KJ**