



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 28 2024

BY SSM/6
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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.

1. Entity ID Number <u>000026154</u>		2. Exact name of the Corporation <u>HARMONY LODGE NO. 9 F&AM</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>FRATERNAL ORG.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>1237 RESERVOIR AVE.</u>		City <u>CRANSTON</u>	State <u>RI</u> Zip <u>02920</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>JAMES LAFITTE</u>		Vice-President Name <u>WILLIAM LALIBERTE</u>	
Street Address <u>63 KRISTEE CIRCLE</u>		Street Address <u>250 SOUTH RD.</u>	
City <u>WEST WARWICK</u>	State <u>RI</u>	City <u>EAST GREENWICH</u>	State <u>RI</u> Zip <u>02818</u>
Secretary Name <u>BOB KEMAH</u>		Treasurer Name <u>JEFF LEVASSEUR</u>	
Street Address <u>222 WORTHINGTON ST.</u>		Street Address <u>57 LYALL AVE</u>	
City <u>PROVIDENCE</u>	State <u>RI</u> Zip <u>02907</u>	City <u>WARWICK</u>	State <u>RI</u> Zip <u>02889</u>
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 <u>PATRICK BEDARD</u>		Director Name <u>KENNETH POYTON</u>	
Street Address <u>23 TANGLEWOOD CT APT 21</u>		Street Address <u>400 MESHANICUT VALLEY PKWY</u>	
City <u>WEST WARWICK</u>	State <u>RI</u> Zip <u>02883</u>	City <u>CRANSTON</u>	State <u>RI</u> Zip <u>02920</u>
Director Name <u>JOSEPH ADAMS</u>		Director Name	
Street Address <u>6 CAROLINA MAIN ST.</u>		Street Address	
City <u>CAROLINA</u>	State <u>RI</u> Zip <u>02512</u>	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 <u>JEFF LEVASSEUR</u>			Date <u>3-13-24</u>
Signature of Officer/Authorized Representative <u>Jeff Levasseur</u>			