State of Rhode Island
Department of State - Business Services Division

FILED
MAY 2 8 2024
BY SM 16

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	2. Exact name of the Corporation
000026154	HARMONY LODGE NO. 9 F+AM
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: FRATERNAL ORG.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
1237 RESERVOIR AVE.	CRANSTON	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
JAMES LAFITTE	WILLIAM LALIBERTE
Street Address: 63 KRISTEE CIRCLE	Street Address: 250 SOUTH RD.
City: WEST WARWICK; State: RI; Zip: 02893	City: EAST GREENWICH; State: RI; Zip: 02818
Secretary Name: BOB KEMPH	**Treasurer Name:** JEFF LEVASSEUR
Street Address: 222 WORTHINGTON ST.	Street Address: 57 LYALL AVE
City: PROVIDENCE; State: RI; Zip: 02907	City: WARWICK; State: RI; Zip: 02889

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name	Director Name
PATRICK BEDARD	KENNETH POYTON
Street Address: 23 TANGLEWOOD CT APT 21	Street Address: 400 MESHANICUT VALLEY PKWY
City: WEST WARWICK; State: RI; Zip: 02893	City: CRANSTON; State: RI; Zip: 02920
Director Name: JOSEPH ADAMS	**Director Name:**
Street Address: 6 CAROLINA MAIN ST.	Street Address:
City: CAROLINA; State: RI; Zip: 02512	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	Date
JEFF LEVASSEUR	3-13-24

Signature of Officer/Authorized Representative: Jeff Levasseur

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 12/2023