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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.

1. Entity ID Number: 0003064?7	2. Exact name of the Corporation: THE JOHN POTTER 3RD MEMORIAL
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: MASONIC LODGE - 116
4. NAICS Code: 813319 (813319)	

6. Principal Office Address	City	State	Zip
1615 TEN ROD ROAD	NORTH KINGSTOWN	RI	02852

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

President Name: ZACHARY AMES PRESTON	Vice-President Name: STEPHEN T. MCGUIRE
Street Address: 61 AUSTIN FARM RD	Street Address: 105 TIMBERLAKE ROAD
City: EXETER — State: RI — Zip: 02822	City: WARWICK — State: RI — Zip: 02886
Secretary Name: RONALD W SHACUM	Treasurer Name: WILLIAM G. DAWLESS
Street Address: 65 MAPLE DRIVE	Street Address: 32 SQUIRREL RUN
City: HARRISVILLE — State: RI — Zip: 02830	City: WEST GREENWICH — State: RI — Zip: 02817

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

Director Name: ANDREW PALMER	Director Name: ERNEST E SISKIN SR
Street Address: 240 HAVERHILL AVENUE	Street Address: 105 SUNNY BROOK DRIVE
City: NORTH KINGSTOWN — State: RI — Zip: 02852	City: NORTH KINGSTOWN — State: RI — Zip: 02852
Director Name: PETER A NAUMANN	Director Name: ROBERT W. KNOTT
Street Address: 232 NEWPORT AVENUE	Street Address: 480 TEN ROD ROAD
City: NORTH KINGSTOWN — State: RI — Zip: 02852	City: EXETER — State: RI — Zip: 02822

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
STEPHEN T. MCGUIRE	7/1/24

Signature of Officer/Authorized Representative: Stephen T McGuire

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

FILED 12/6
JUL - 1 2024
BY 6326

FORM 631- Revised: 04/2023