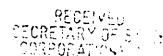
RI SOS Filing Number: 202457594790 Date: 7/3/2024 4:00:00 PM



## 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

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CECRETARY OF SH	٠.
CORPORATION	

2024 JUL -3 AM 11: 32

→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.					
1. Entity ID Number 67267	2. Exact name of the Corporation SOUTH KINGSTOWN MASONIC HALL						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RI	To acquire, build & maintain property for Hope Lodge #25 Ancient Free &						
4. NAICS Code	Accepted Masons for meetings.						
813319							
6. Principal Office Address			City	State	Żip		
64 COLUMBIA STREET P.O. BOX 285			WAKEFIELD	RI	02879		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Michael T. Garr			Vice-President Name Louis B. Clark				
Street Address 109 Enterprise Drive			Street Address 794 Ministerial Road				
City Kingston	State RI	<sup>Zip</sup> 02881	<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879		
Secretary Name Dennis C. Hilli	<sup>ary Name</sup> Dennis C. Hilliard			Treasurer Name Jesse Saglio			
Street Address 68 Secluded Drive			Street Address 230 Spring Street				
<sup>City</sup> Wakefield	State RI	<sup>Zip</sup> 02879	City Hope Valley	State RI	<sup>7</sup> 2832		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Rodney Gilbert			Director Name Thomas Clune, IV				
Street Address 2378 Post Road			Street Address 173 Dendron Road				
City Wakefield	State RI	<sup>Zip</sup> 028 <b>7</b> 9	<sup>City</sup> Wakefield	State RI	შ <u>ა</u> 879		
Director Name Andre Gregoire			Director Name John H. Adams				
Street Address 320 Westmoreland Street			Street Address 35 Liena Rose Way				
<sup>City</sup> Narragansett	State RI	<sup>Zip</sup> 02882	City Coventry	State RI	Zip 02816		
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, duty Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative			Date				
Jesse Saglio				6/7/2024			
Signature of Officer/Authorized Representative							
FILED							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov JUL 3 2024