



State of Rhode Island
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS

Annual Report for the year: 2024

Non-Profit Corporation

2024 JUL -3 AM 11:32

- 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 67267		2. Exact name of the Corporation SOUTH KINGSTOWN MASONIC HALL			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To acquire, build & maintain property for Hope Lodge #25 Ancient Free & Accepted Masons for meetings.			
4. NAICS Code 813319					
6. Principal Office Address 64 COLUMBIA STREET P.O. BOX 285			City WAKEFIELD	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02881	City Wakefield	State RI	Zip 02879
Secretary Name Dennis C. Hilliard			Treasurer Name Jesse Saglio		
Street Address 68 Secluded Drive			Street Address 230 Spring Street		
City Wakefield	State RI	Zip 02879	City Hope Valley	State RI	Zip 02832
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 Rodney Gilbert			Director Name Thomas Clune, IV		
Street Address 2378 Post Road			Street Address 173 Dendron Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Andre Gregoire			Director Name John H. Adams		
Street Address 320 Westmoreland Street			Street Address 35 Liena Rose Way		
City Narragansett	State RI	Zip 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.					
<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 Jesse Saglio				Date 6/7/2024	
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

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