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**State of Rhode Island**
**Department of State - Business Services Division**

**Annual Report for the year:** 2025
**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<br>000030148 | 2. Exact name of the Corporation<br>Saint John's Encampment, Number One of Knights Templar |
| 3. State of Incorporation<br>RI | 5. Brief description of the character of business conducted in Rhode Island<br>Masonic / Fraternal Organization |
| 4. NAICS Code<br>813990 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 400 Meshanticut Valley Parkway, Unit 9 | Cranston | RI | 02920 |

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

| | | | | | |
|---|---|---|---|---|---|
| President Name: Charles O'Hara IV | | | Vice-President Name: Kenneth Angily | | |
| Street Address: 5 Record Street | | | Street Address: 97 Hamilton Avenue | | |
| City: Newport | State: RI | Zip: 02840 | City: Warwick | State: RI | Zip: 02888 |
| Secretary Name: Steven Reali | | | Treasurer Name: Roy F. Pruett | | |
| Street Address: 106 Macklin Street | | | Street Address: 7 Grace Avenue, Unit 69 | | |
| City: Cranston | State: RI | Zip: 02920 | City: Coventry | State: RI | Zip: 02816 |

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

| | | | | | |
|---|---|---|---|---|---|
| Director Name: Richard Palmer | | | Director Name: Kenneth F. Poyton | | |
| Street Address: 7979 Post Road | | | Street Address: 400 Meshanticut Valley Pkwy. #9 | | |
| City: N. Kingstown | State: RI | Zip: 02852 | City: Cranston | State: RI | Zip: 02920 |
| Director Name: Paul Liese | | | Director Name: | | |
| Street Address: 105 Driver Lane | | | Street Address: | | |
| City: SA. Kingstown | State: RI | Zip: 02879 | 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 |
|---|---|
| **Kenneth F. Poyton, Assistant Secretary** | **2/1/2025** |

Signature of Officer/Authorized Representative: Kenneth F. Poyton, Assistant Secretary

FILED
FEB 3 2025
BY EP3A5

**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