



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 17 2025

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.

BY 2008EG

1. Entity ID Number 001769433		2. Exact name of the Corporation Adoniram Council 8 Royal And Select Master Masons	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To, in conjunction with the Grand Council of Royal and Select Masters of the State of Rhode Island and Providence Plantations (00168370) Promote Fraternity and Friendship within the Masonic Family and to Promote and Perform Charitable Works within the Community.	
4. NAICS Code 999999 None			
6. Principal Office Address 126 Toll Gate RD. Apt. #39		City Warwick	State R.I.
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Roy Forrest Pruett		Vice-President Name Jerhamy John Harvey POW	
Street Address 7 Grace Avenue #69		Street Address 175 Laban Street	
City Coventry	State R.I.	City Providence	State R.I.
Zip 02816		Zip 02909	
Secretary Name Richard Edward Belford		Treasurer Name Mark Douglas Thompson	
Street Address 126 Toll Gate RD. Apt. #39		Street Address 25 Bleach Avenue	
City Warwick	State R.I.	City West Warwick	State R.I.
Zip 02886		Zip 02893	
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 Jeffrey mark APTT		Director Name Richard Edward Belford	
Street Address 63 Hoxie Road		Street Address 126 Toll Gate RD. Apt #39	
City Richmond	State R.I.	City Warwick	State R.I.
Zip 02892		Zip 02886	
Director Name Mark Douglas Thompson		Director Name Jerhamy John Harvey POW	
Street Address 25 Bleach Avenue		Street Address 175 Laban Street	
City West Warwick	State R.I.	City Providence	State R.I.
Zip 02893		Zip 02909	
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 Richard E. Belford			Date 2/8/25
Signature of Officer/Authorized Representative Richard E. Belford			

MAIL TO:

Division of Business Services
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