RI SOS Filing Number: 202571112650 Date: 4/22/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 22 2025
BY

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	2. Exact name of the Corporation
000031056	Seaconnet Lodge, No. 39, I.O.O.F.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: ENACTED THROUGH THE GENERAL ASSEMBLY DURING THE JANUARY SESSION OF 1875. FRATERNAL
4. NAICS Code: 813410	

6. Principal Office Address	City	State	Zip
8 COMMONS	Little Compton	RI	02837

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

President Name: DONALD MCLAREN			Vice-President Name: HAZEL JANE JERAULD		
Street Address: 86 HIGHLAND RD			Street Address: 611 OLD COLONY TERRACE		
City: Brookline	State: MA	Zip: 02445	City: Tiverton	State: RI	Zip: 02878
Secretary Name: John A Lawson III			Treasurer Name: George L Glover III		
Street Address: 120 Wilson Ave			Street Address: 15 Jaclyn Dr		
City: Rumford	State: RI	Zip: 02916	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: HAZEL JANE JERAULD			Director Name: George L Glover III		
Street Address: 611 OLD COLONY TERRACE			Street Address: 15 Jaclyn Dr		
City: Tiverton	State: RI	Zip: 02878	City: Coventry	State: RI	Zip: 02816
Director Name: DEARE J WARREN			Director Name:		
Street Address: 120 Water St			Street Address:		
City: Portsmouth	State: RI	Zip: 02871	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
John A. Lawson III	**3/7/2025**

Signature of Officer/Authorized Representative: John A Lawson III

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