



State of Rhode Island
Department of State - Business Services Division

FILED

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.

APR 22 2025
BY

1. Entity ID Number 000028011		2. Exact name of the Corporation Granite Lodge, No. 33, I.O.O.F., Burrillville			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHARITABLE AND FRATERNAL MAY SESSION 1874			
4. NAICS Code 813410					
6. Principal Office Address 178 High St.			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DONALD MCLAREN			Vice-President Name		
Street Address 86 HIGHLAND RD			Street Address		
City Brookline	State MA	Zip 02445	City	State	Zip
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 DONALD MCLAREN			Director Name George L Glover III		
Street Address 86 HIGHLAND RD			Street Address 15 JACLYN DR		
City Brookline	State MA	Zip 02445	City Coventry	State RI	Zip 02816
Director Name John A Lawson III			Director Name		
Street Address 120 Wilson Ave			Street Address		
City Rumford	State RI	Zip 02916	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.					
<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 John A. Lawson III				Date 3/7/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov