



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 28212		2. Exact name of the Corporation PROVIDENCE CHAPTER NUMBER ONE, ORDER OF THE EASTERN STAR			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CHARITABLE FRATERNAL ORGANIZATION			
5. Principal Office Address 57 INTERVALE RD.			City CRANSTON	State RI	Zip 02910
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DENISE L. SHIPPEE			Vice-President Name STEPHEN M. KEMP JR.		
Street Address 29 GARDNER AVE.			Street Address 1 DOUGLAS CIRCLE		
City WEST WARWICK	State RI	Zip 02886	City GREENVILLE	State RI	Zip 02828
Secretary Name EUNICE M. OGILVIE			Treasurer Name DAVID A. OGILVIE		
Street Address 57 INTERVALE RD.			Street Address 57 INTERVALE RD.		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
7. 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 BEVERLY L. THRESHER			Director Name HENRY THRESHER		
Street Address 2783 WEST SHORE RD., ROOM 34E			Street Address 2783 WEST SHORE RD., ROOM 34E		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Director Name MARJORIE DALE			Director Name		
Street Address 2215 ELMWOOD AVE., APT. B3			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 DAVID A. OGILVIE, TREASURER				Date JULY 23, 2016	
Signature of Officer/Authorized Representative <i>David A. Ogilvie</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
 JUL 27 2016
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