RI SOS Filing Number: 201747544040 Date: 7/21/2017 4:00:00 PM

Department of Standard Report for the year: Non-Profit Corporation → Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if	2017	·····	Pivision	2017 JUL 21 AM I	R.I. DEPT OF ST
1. Entity ID Number 28212	2. Exact name of the Corporation FROVIDENCE CHAPTER NUMBER ONE, ORDER OF THE EASTERN STAR				
3. State of Incorporation RHODE ISLAND 4. NAICS Code 813319 - Other Social Advocacy	5. Brief description of the character of business conducted in Rhode Island CHARITABLE, FRATERNAL ORGANIZATION				
6. Principal Office Address			City	State	Zip
57 INTERVALE ROAD			CRANSTON	RI	02910
7. List ALL officers (names and addresses) President Name DENISE L. SHIPPEE			Check the box to indicate an attachment 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
8. List ALL directors (names and ad	dresses). RI Con	porations MUST I		ack the how to indicat	an attachment
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
9. Registered Agent in Rhode Islan	d. This information i	is currently of record	in the Department of State. Changes re	quire filing Form 641.	
Under penalty of perjury, I declar statements, and that all statemer			d this report, including any accom	panying schedul	es and
		Secretary, Assistant Se	ocretary, Treasurer, duly Authorized Represent		е.
Name of Officer/Authorized Repres DAVID A. OGILVIE, TREASURER				Date JULY 18, 2017	
Signature of Officer/Authorized Rep		vid A,	anha Fl	LED	
MAIL TO: Division of Business Services 48 W. River Street, Providence, Rhode I Phone: (401) 222-3040			10. HO JUL	21 2017 1 30866	19

Vebsite: www.sos.n.gov

FORM 631 - Revised: 06/2017