



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 JUN 20 AM 11:40

Annual Report for the year: 2019

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 29441		2. Exact name of the Corporation The Rhode Island Branch of the International Order of The Kings Officers & Sons			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious, Educational & Philanthropic			
4. NAICS Code 831110					
6. Principal Office Address 32 Brook Drive		City Hope Valley	State RI	Zip 02832	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandra Barkley		Vice-President Name			
Street Address 14 Doylston Street		Street Address			
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name		Treasurer Name Mildred Stolgitis			
Street Address		Street Address 32 Brook Drive			
City	State	Zip	City HOPE VALLEY	State RI	Zip 02832
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 Sally Panciera		Director Name Sandra Barkley			
Street Address 115 Winnapaug Road		Street Address SAA			
City Westerly	State RI	Zip 02891	City	State	Zip
Director Name Mildred Stolgitis		Director Name			
Street Address		Street Address			
City SAA	State	Zip	City	State	Zip
9. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Mildred Stolgitis (Mildred Stolgitis)					Date 6/17/2019
Signature of Officer/Authorized Representative Mildred Stolgitis					FILED

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

JUN 20 2019
 BY **BC/BRP**
 A.A. 11:42 A.M.