RI SOS Filing Number: 202331437450 Date: 3/21/2023 4:00:00 PM

State of Rhode Island Department of State - Business Services Division					
Annual Report for the year: Jon-Profit Corporation 2023		RECE R.I. DEPT. FUS SY	IVED OF STATE		
→ Filing period: February 1 - May 1			FUS SY	Ca Bill	
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.			2023 MAR 2.1	P 12: 23	
1. Entity ID Number	2. Exact name o	f the Corporation			
000030148	Saint John's Encampment Number One of Knights Ter				
3. State of Incorporation	5. Brief description	on of the character	of business conducted in Rhode	Island	nights lei
RI	Frate				
4. NAICS Code		, , ,			
813990					
6. Principal Office Address			City	State	Zip
400 Meshantiant Va	lley Pru	, y # 9	Cranston	RT	02920
7. List ALL officers (names and addresses) Check the box to indicate an attack					
President Name Jeff APH			Vice-President Name Kenneth Angily		
Street Address 63 Hoxle Rd			Street Address 97 Hamilton Avenue		
Richmond	State RI	^{Zip} 02892	City Warwick	State 7	Zip
Secretary Name Stephen Reali	Treasurer Name	<u> </u>	103888		
Street Address			Street Address		
Cranston	State	Zip O292(1	City	State	Zip
8. List ALL directors (names and ac	idresses). RI Corr		t at least THREE directors		
Check the bcx to indicate an attachment					
Kichard Palmer			Director Name Kenneth F	Porton	
Street Address Post	Road.		Street Address		Ruy#9
N. Kingstown		Zip	City /	State	Zip Zip
Director Name	1/1	Zip 02852	Director Name	<u>K</u> 1	102920
Tavi Liese					
Street Address Lane			Street Address		
S. Kingstown	State R7	Zip (12879)	City	State	Zip
	n of record with th	e RI Department of	of State is accurate. Changes red	uire filing Form 641	
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 have been sent and the statements.					
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, duty Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative					
Kenneth F. Porton, Assistant Secretary 3/20/23					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Websita: www.sns.ri.nov

FILED

MAR 21 2023 BY 1876 A.A.