



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
 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.

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 BUS SVCS DIV

2023 MAR 22 PM 1:06

FILED
 MAR 22 2023
 BY _____

1. Entity ID Number 26552		2. Exact name of the Corporation Hope Lodge No. 25 - Ancient Free & Accepted Masons					
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Charitable Non-Profit Corporation Incorporated in RI on January 2, 1871					
4. NAICS Code 813319 - Other Social Advocacy (
6. Principal Office Address 64 Columbia Street, PO Box 285				City Wakefield		State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Adam G. Northup				Vice-President Name Jesse L. Saglio			
Street Address 216 Richmond Townhouse Road				Street Address 230 Spring Street			
City Richmond		State RI	Zip 02812		City Hope Valley		State RI
City Wakefield		State RI	Zip 02879		City Wakefield		State RI
Secretary Name Mark W. Moore				Treasurer Name Dennis C. Hilliard			
Street Address 130 Breakwater Road				Street Address 68 Secluded Drive			
City Wakefield		State RI	Zip 02879		City Wakefield		State RI
City Wakefield		State RI	Zip 02879		City Wakefield		State RI
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 Louis B. Clark				Director Name Michael T. Garr			
Street Address 794 Ministerial Road				Street Address 109 Enterprise Terrace			
City Wakefield		State RI	Zip 02879		City Wakefield		State RI
City Wakefield		State RI	Zip 02879		City Wakefield		State RI
Director Name Thomas E. Northup, Sr.				Director Name			
Street Address 3782 South County Trail				Street Address			
City West Kingston		State RI	Zip 02892		City		State
City		State	Zip		City		State
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 Dennis C. Hilliard					Date 3/13/2023		
Signature of Officer/Authorized Representative 					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

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