



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023: 2023

1. Corporate ID No. 000026942

2. Name of Corporation Excelsior Lodge, No. 49, I.O.O.F.

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813219

4. Principal Office Address

No. and Street: P.O. BOX 677
City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

ENACTED BY THE GENERAL ASSEMBLY DURING THE JANUARY SESSION OF 1892.
CHARITABLE AND EDUCATIONAL WORK

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
DIRECTOR	DEARE WARREN	120 WATER ST. PORTSMOUTH, RI 02871 USA
DIRECTOR	PETER SOUSA	10 HARVARD NEWPORT, RI 02840 USA
DIRECTOR	JOHN BEEBE	10 KERINS TERR NEWPORT, RI 02840 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MAURICE WARREN 120 WATER STREET PORTSMOUTH , RI 02871

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 31 Day of May, 2023 at 11:28:21 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DEARE WARREN
Signature of Authorized Person

Form No. 631
Revised 09/07

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