



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Non-Profit Corporation

APR 26 2024

BY

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 26552		2. Exact name of the Corporation HOPE LODGE No. 25 - ANCIENT FREE AND ACCEPTED MASONS WAKEFIELD			
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 813219 - OTHER GRANTMAKING					
6. Principal Office Address 64 COLUMBIA STREET - P.O. BOX 285			City WAKEFIELD	State RI	Zip 02880
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JESSE L. SAGLIO			Vice-President Name THOMAS MEROLA		
Street Address 230 SPRING STREET			Street Address 149 MARYLAND AVE		
City HOPE VALLEY	State RI	Zip 02832	City WARWICK	State RI	Zip 02888
Secretary Name MARK W. MOORE			Treasurer Name DENNIS C. HILWARD		
Street Address 130 BREAKWATER ROAD			Street Address 68 SECLUDED DRIVE		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
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 KINGSTON	State RI	Zip 02881
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	Zip
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 MARK W. MOORE - SECRETARY					Date 4/23/2024
Signature of Officer/Authorized Representative 					

MAIL TO:
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