



Department of State - Business Services Division

FILED

MAY 27 2020

BY

WIS88

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Annual Report for the year:

Non-Profit Corporation

2020

→ 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 000028385		2. Exact name of the Corporation RHODE ISLAND MASONIC YOUTH FOUNDATION, INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHARITABLE WORK WITH YOUTH	
4. NAICS Code 813110			
6. Principal Office Address 2115 Broad Street		City CRANSTON	State RI
		Zip 02905	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name MICHAEL K. LAWSON		Vice-President Name DONALD L. WILLIAMSON	
Street Address 70 GRASMERE STREET		Street Address 160 EVERLETH AVENUE	
City WARWICK	State RI	Zip 02889	City WARWICK
			State RI
			Zip 02888
Secretary Name MICHAEL D. PICARD		Treasurer Name JAMES R. RAPSON	
Street Address 3 MEADOWBROOK ROAD		Street Address 244 PARK VIEW AVENUE	
City LINCOLN	State RI	Zip 02865	City WARWICK
			State RI
			Zip 02888
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name GILBERT J. FONTES		Director Name LEON C. KNUDSEN	
Street Address 176 GAINESVILLE DRIVE		Street Address 348 PLAINFIELD PIKE	
City WARWICK	State RI	Zip 02886	City COVENTRY
			State RI
			Zip 02816
Director Name ROBERT I. BURGESS		Director Name	
Street Address 40 WEST GREENLEY CIRCLE		Street Address	
City WARWICK	State RI	Zip 02886	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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative JAMES R. RAPSON			Date 5-22-20
Signature of Officer/Authorized Representative James R. Rapson			