



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**FILED**

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.

MAY 27 2020

BY

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1. Entity ID Number <u>000028385</u>		2. Exact name of the Corporation <u>RHODE ISLAND MASONIC YOUTH FOUNDATION, INC</u>		
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island  <u>CHARITABLE WORK WITH YOUTH</u>		
4. NAICS Code <u>813110</u>				
6. Principal Office Address <u>2115 Broad Street</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02905</u>
7. List ALL officers (names and addresses) <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <u>MICHAEL K. LAWSON</u>		Vice-President Name <u>DONALD L. WILLIAMSON</u>		
Street Address <u>70 GRASMERE STREET</u>		Street Address <u>160 EVERLETH AVENUE</u>		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>WARWICK</u>	State <u>RI</u>
Secretary Name <u>MICHAEL D. PICARD</u>		Treasurer Name <u>JAMES R. RAPSON</u>		
Street Address <u>3 MEADOWBROOK ROAD</u>		Street Address <u>244 PARK VIEW AVENUE</u>		
City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>	City <u>WARWICK</u>	State <u>RI</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <u>GILBERT J. FONTES</u>		Director Name <u>LEON C. KNUDSEN</u>		
Street Address <u>176 GAINESVILLE DRIVE</u>		Street Address <u>348 PLAINFIELD PIKE</u>		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>COVENTRY</u>	State <u>RI</u>
Director Name <u>ROBERT I. BURGESS</u>		Director Name		
Street Address <u>40 WEST GRIFFIN CIRCLE</u>		Street Address		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>	City	State
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.				
<b>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.</b>				
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>				
Name of Officer/Authorized Representative <u>JAMES R. RAPSON</u>			Date <u>5-22-20</u>	
Signature of Officer/Authorized Representative <u>James R. Rapson</u>				