



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 22 2024

BY 68410

Annual Report for the year: 2024
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.

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 BRAD STREET</u>			City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02905</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>MICHAEL K. LAWSON</u>			Vice-President Name <u>DONALD L. WILLIAMSON</u>		
Street Address <u>70 GRASSMERE 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>	Zip <u>02888</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>	Zip <u>02888</u>
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 <u>ROBERT I. BURGESS II</u>			Director Name <u>GILBERT J. FONTES</u>		
Street Address <u>40 WEST GREENY CIRCLE</u>			Street Address <u>176 GAINESVILLE DRIVE</u>		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>
Director Name <u>DEAN N. TALLMAN</u>			Director Name		
Street Address <u>15 ADAMS DRIVE</u>			Street Address		
City <u>COVENTRY</u>	State <u>RI</u>	Zip <u>02814</u>	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.					
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 <u>JAMES R. RAPSON, TREASURER</u>					Date <u>2/2/24</u>
Signature of Officer/Authorized Representative <u>James R. Rapson</u>					