



State of Rhode Island
Department of State - Business Services Division

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.

MAY 03 2024

126602

1. Entity ID Number 279321		2. Exact name of the Corporation International Police Square & Compass Club, Inc. Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide mutual assistance, enjoyment, education, and social benefit of its members, to promote Masonic Brotherhood and Charity. To develop a fraternal spirit among Masons, Law Enforcement and the General Public.			
4. NAICS Code 813211- Grantmaking					
6. Principal Office Address 761 Nooseneck Hill Road		City West Greenwich		State RI	Zip 02817
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bradford L. Barco			Vice-President Name Raymond W. Cahoon, Jr.		
Street Address 761 Nooseneck Hill Road			Street Address 50 Hendricken Court		
City West Greenwich	State RI	Zip 02817	City Warwick	State RI	Zip 02889
Secretary Name Daniel E. Lee			Treasurer Name John C. Beebe, III		
Street Address 30 Navarre Street			Street Address 10 Kerins Terrace		
City West Warwick	State RI	Zip 02893	City Newport	State RI	Zip 02840
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 Bradford L. Barco			Director Name Raymond W. Cahoon, JR.		
Street Address 761 Nooseneck Hill Road			Street Address 50 Hendricken Court		
City West Greenwich	State RI	Zip 02817	City Warwick	State RI	Zip 02889
Director Name Daniel E. Lee			Director Name John C. Beebe, III		
Street Address 30 Navarre Street			Street Address 10 Kerins Terrace		
City West Warwick,	State RI	Zip 02893	City Newport	State RI	Zip 02840
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.					
<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 Bradford L. Barco, President					Date 4/25/2024
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov