



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
 25 FEB 7 PM 12:00:42
STAMP
 FOR SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2025

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 001771743		2. Exact name of the Corporation Providence R.I. Royal & Select Masters #1			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promote the fraternity and brotherly love within the Masonic family and promote charitable work within the community			
4. NAICS Code 813990					
6. Principal Office Address 2115 BROAD STREET			City CRANSTON	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name WYMAN P. HALLSTROM JR.		Treasurer Name			
Street Address 18 LAND R		Street Address			
City COVENTRY	State RI	Zip 02816	City	State	Zip
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 RAYMOND AZNAVORIAN		Director Name WALTER J. NERI			
Street Address 655 CHERRY FARM ROAD		Street Address 196 PARK AVENUE			
City HARRISVILLE	State RI	Zip 02830	City CRANSTON	State RI	Zip 02905
Director Name FRANK DIMASCO		Director Name			
Street Address 1100 ATWOOD AVENUE		Street Address			
City JOHNSTON	State RI	Zip 02919	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.					
<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 WYMAN P. HALLSTROM JR.				Date 02/07/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED 1233

FEB 07 2025

(Signature) BY 9EKWB