



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 21 2025

BY

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 <u>000484628</u>		2. Exact name of the Corporation <u>Mizpah Rebetah #22 - Independent Order of</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Educational + Charitable</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>125 North Broadway</u>		City <u>Rumford</u>	State <u>RI</u> Zip <u>02916</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jennifer M. Lawson</u>		Vice-President Name <u>Mark E. Howard</u>	
Street Address <u>120 Wilson Ave</u>		Street Address <u>97 Howard's Lane</u>	
City <u>Rumford</u>	State <u>RI</u>	City <u>W. Scituate</u>	State <u>RI</u> Zip <u>02857</u>
Secretary Name <u>Shirley A. Lawson</u>		Treasurer Name <u>Michael J. Seger</u>	
Street Address <u>120 Wilson Ave</u>		Street Address <u>46 Hope St.</u>	
City <u>Rumford</u>	State <u>RI</u>	City <u>Rumford</u>	State <u>RI</u> Zip <u>02916</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>Michael J. Seger</u>		Director Name <u>Shirley A. Lawson</u>	
Street Address <u>46 Hope St.</u>		Street Address <u>120 Wilson Ave</u>	
City <u>Rumford</u>	State <u>RI</u>	City <u>Rumford</u>	State <u>RI</u> Zip <u>02916</u>
Director Name <u>George L. Glover III</u>		Director Name	
Street Address <u>15 Joclyn Dr.</u>		Street Address	
City <u>Cventry</u>	State <u>RI</u>	City	State <u>RI</u> 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>Jennifer M. Lawson</u>			Date <u>2/10/25</u>
Signature of Officer/Authorized Representative <u>Jennifer M. Lawson</u>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov