



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 Rebekah #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 &amp; 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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>	Zip <u>02916</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>	Zip <u>02916</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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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>	Zip <u>02916</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>	Zip <u>02816</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>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

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