



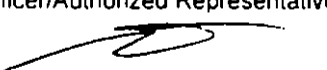
State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
25 APR 2025 11:05:41

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 001768377		2. Exact name of the Corporation the grand council of royal and select masters of the state of rhode island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Masonic/Fraternal Organization			
4. NAICS Code 814990					
6. Principal Office Address 106 Macklin st		City Cranston		State RI	Zip 02920
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Joseph Kern			Vice-President Name David DiCecco Sr. M.D.		
Street Address 141 Highland ave			Street Address 167 High Service rd		
City Cumberland	State RI	Zip 02864	City North Providence	State RI	Zip 02911
Secretary Name Richard Belford			Treasurer Name Stephen Reali		
Street Address 1143 Main ave			Street Address 106 Macklin St.		
City Warwick	State RI	Zip 02886	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Mark Thompson			Director Name Russell Lorenson		
Street Address 25 Bleach Ave			Street Address 322 Skunk Hill Rd		
City west warwick	State RI	Zip 02893	City Exeter	State RI	Zip 02822
Director Name Stephen Reali			Director Name		
Street Address 106 Macklin st			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Stephen Reali</b>				Date <b>4/3/2025</b>	
Signature of Officer/Authorized Representative  <b>BY Ym892</b>					

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