

State of Rhode Island Department of State - Business Services Division

REC'D RIDOS BSD 25 APR 4 AM 11:05:4

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				4	
1. Entity ID Number 001768377	2. Exact name of the Corporation the grand council of royal and select masters of the state of rhodo				
3. State of Incorporation RI 4. NAICS Code 814990	,	on of the characte aternal Organi	er of business conducted in Rhode Is ization	aland	
6. Principal Office Address			City	State	Zip
106 Macklin st			Cranston	RI	02920
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
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	<u>შ</u> 2920
8. List ALL directors (names and ad	ddresses). RI Corp	porations MUST lis		ne box to indicate an	attachment
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	δ <u>°</u> 2822
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	n of record with th	e RI Department	of State is accurate. Changes requir	e filing Form 641.	
Under penalty of perjury, I declar statements, and that all stateme			d this report, including any accom correct.	panying schedul	es and
This report must be signed by either the Pres	sident, Vice-President, S	Secretary, Assistant Se	cretary Treasurer dul tuthonzed Representa	ative, Receiver or Truste	e
Name of Officer/Authorized Repres	sentative		Date		
Stephen Reali		APR 0 4 2025	4/3/2025		
Signature of Officer/Authorized Representative Thus. By VM892					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov