





State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
25 APR 4 AM 11:05:39

1. Entity ID Number 001768378		2. Exact name of the Corporation the grand royal arch chapter of the state of rhode island and prov			
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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Thompson			Vice-President Name Christopher Ellis		
Street Address 25 bleach ave			Street Address 30 Barnes		
City west warwick	State ri	Zip 02893	City west warwick	State RI	Zip 02893
Secretary Name Stephen Reali			Treasurer Name Richard Belford		
Street Address 106 Macklin st			Street Address 1143 Main ave		
City Cranston	State RI	Zip 02920	City Warwick	State RI	Zip 02886
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 Jeffery Aptt			Director Name Stephen Reali		
Street Address 63 Hoxie rd			Street Address 106 Macklin st		
City Richmond	State RI	Zip 02892	City Cranston	State RI	Zip 02920
Director Name Russell Lorenson			Director Name		
Street Address 322 skunk hill rd			Street Address		
City Exeter	State RI	Zip 02822	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 Stephen Reali				Date 4/3/2025	
Signature of Officer/Authorized Representative 				APR 04 2025 BY 	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov