State of Rhode Island
Department of State - Business Services Division

FILED
MAY 15 2025
BY

RECD RHODE ISLAND 25 MAY 15 PM 3:02

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	2. Exact name of the Corporation
000028385	R.I. MASONIC YOUTH FOUNDATION, INC.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	CHARITABLE WORK WITH YOUTH
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
2115 BROAD STREET	CRANSTON	RI	02905

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
GREGORY R. ENOS	DONALD L. WILLIAMSON
Street Address	**Street Address**
266 BUTTONWOODS AVE.	160 EVERLETH AVE.
City / State / Zip	**City / State / Zip**
WARWICK / RI / 02886	WARWICK / RI / 02888
Secretary Name	**Treasurer Name**
MICHAEL D. PICARD	JAMES R. RAPSON
Street Address	**Street Address**
3 MEADOWBROOK ROAD	244 PARK VIEW AVE.
City / State / Zip	**City / State / Zip**
LINCOLN / RI / 02865	WARWICK / RI / 02888

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name	Director Name
GILBERT J. FOSTER JR.	RICK WILMONT
Street Address	**Street Address**
176 GAINESVILLE DRIVE	188 ALABAMA AVE.
City / State / Zip	**City / State / Zip**
WARWICK / RI / 02826	PROVIDENCE / RI / 02905
Director Name	**Director Name**
ROBERT I. BURGESS III	DEAN N. TALLMAN
Street Address	**Street Address**
40 WEST GREENCROFT CIRCLE	15 ADAMS DRIVE
City / State / Zip	**City / State / Zip**
WARWICK / RI / 02886	COVENTRY / RI / 02816

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	Date
JAMES R. RAPSON	5-9-25

Signature of Officer/Authorized Representative

James R. Rapson

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

FORM 631- Revised: 12/2023