



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
28385		RHODE ISLAND MASONIC YOUTH FOUNDATION, INC.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		CHARITABLE WORK WITH YOUTH			
5. Principal Office Address		City	State	Zip	
2115 BROAD STREET		CRANSTON	RI	02905	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
ROBERT J. O'BRIEN		JOHN K. TAKIAN			
Street Address		Street Address			
86 GREENFIELD STREET		12 HYBIRD DRIVE			
City	State	Zip	City	State	Zip
PAWUCKET	RI	02861	CRANSTON	RI	02920
Secretary Name		Treasurer Name			
CLARK W. CATE		JAMES R. RAPSON			
Street Address		Street Address			
8 LOWELL DRIVE		244 PARK VIEW AVENUE			
City	State	Zip	City	State	Zip
JOHNSTON	RI	02919	WARWICK	RI	02888
7. 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		Director Name			
RAYMOND E. HASSELL		MICHAEL K. LAWSON			
Street Address		Street Address			
20 HEDLEY CIRCLE		70 GRASSMERE STREET			
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02914	WARWICK	RI	02889
Director Name		Director Name			
GILBERT A. FORTES					
Street Address		Street Address			
176 GAINESVILLE DRIVE					
City	State	Zip	City	State	Zip
WARWICK	RI	02886			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 TREASURER				5-12-16	
Signature of Officer/Authorized Representative					

FILED

MAY 16 2016

BY

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