



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000057807

**2. Name of Corporation** Shriners Hospitals for Children

**3. State of Incorporation**

State: CO

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: CT CORPORATION SYSTEM

450 VETERANS MEMORIAL PARKWAY

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 2900 ROCKY POINT DR

City or Town: TAMPA State: FL Zip: 33607 Country: US

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO CREATE AND MAINTAIN A CHARITABLE AND EDUCATIONAL FUND FOR THE PURCHASE, ERRECTION, OPERATION AND MAINTENANCE OF SHRINERS HOSPITALS FOR CHILDREN.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	JERRY G GANTT	LAMAR TOWER 1603, 2929 BUFFALO SPEEDWAY HOUSTON, TX 77098 USA
TREASURER	BRAD T. KOEHN	2833 SW JEWELL AVE TOPEKA, KS 66611 USA
SECRETARY	JAMES R. SMITH	108 CHUCKWAGON TRAIL GEORGETOWN, TX 78633 USA
1ST VICE PRESIDENT	JIM L. CAIN	4569 WINFIELD DR NASHVILLE, TN 37211 USA
TRUSTEE	CHRISTOPHER L. SMITH	8733 GERMANTOWN RD OLIVE BRANCH, MS 38654 USA
2ND VICE PRESIDENT	JEFFREY L. SOWDER	101 S. STOCKTON ST. TORONTO, KS 66777 USA
CHAIRMAN OF THE BOARD	GARY J. BERGENSKE	236 FLAME AVE MAITLAND, FL 32751 USA
TRUSTEE	DONALD F STANAWAY II	10480 SW MILLER COURT TUALATIN, OR 97062 USA
TRUSTEE	PETER P DIAZ MD	492 STEHLE RD LEESBURG, FL 34748 USA
TRUSTEE	ANTHONY M WEST	13427 NORTHSIDE RD BERRY, AL 35546 USA
TRUSTEE	CHARLES D PITTMAN	105 BRADSHAW RD HIAWASEE, GA 30546 USA
TRUSTEE	WILLIAM B BEDE MD	4141 N MADRONA WAY TACOMA, WA 98407 USA
DIRECTOR	KEVIN R COSTELLO	700 ROUTE 32, BOX 152 TILLSON, NY 12486 USA
DIRECTOR	RICHARD G BURKE	2505 GINGER DRIVE BUFORD, GA 30519 USA
DIRECTOR	KENNETH G. CRAVEN	1643 CENTRAL AVE. SUMMERVILLE, SC 29483 USA
DIRECTOR	WILLIAM S. BAILEY	153 SHORE DR. PORTAGE, IN 46368 USA
DIRECTOR	JAMES E. STOLZE JR.	9213 W. CAMINO DE ORO PEORIA, AZ 85383 USA
DIRECTOR	LAWRENCE J. LEIB	27971 ROLLCREST ROAD, SUITE 9 FARMINGTON HILLS, MI 48334 USA
DIRECTOR	RANDY E. RUDGE	8906 CITRUS VILLAGE DR, UNIT 208 TAMPA, FL 33626 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be signed by either the President, Vice President, Secretary, Assistant  
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 5 Day of June, 2018 at 4:36:59 PM by the authorized person. *This electronic***

*signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JERRY G. GANTT  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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