



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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:

Non-Profit Corporation

2019

2019 APR 10 AM 10:18

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 001662518		2. Exact name of the Corporation Young Democrats of Rhode Island	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Organizing Young Rhode Islanders to realize Democratic Change.	
4. NAICS Code 813319			
6. Principal Office Address 55 Cromwell St		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Heidi Silverio		Vice-President Name Jason Roias	
Street Address 17 Crowninshield St		Street Address 48 Malvern St	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02904	
Secretary Name Noel A Frias Galvan		Treasurer Name Noel A Frias Galvan	
Street Address 47 Alexander St		Street Address 47 Alexander St	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
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 Heidi Silverio		Director Name Jason Roias	
Street Address 17 Crowninshield St		Street Address 48 Malvern St	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02904	
Director Name Noel A Frias Galvan		Director Name	
Street Address 47 Alexander St		Street Address	
City Providence	State RI	City	State
Zip 02907		Zip	
9. 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 Noel A Frias			Date 4/10/19
Signature of Officer/Authorized Representative <i>Noel Frias</i>			

FILED

APR 10 2019 10:20

BY CH 3X907