



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Non-Profit Corporation

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 118 Gano St			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Beauregard			Vice-President Name Laufton Longo		
Street Address 116 Hope St			Street Address 28 Trenton St		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Gabrielle Godino			Treasurer Name Gabrielle Godino		
Street Address 29 Bullocks Point Ave			Street Address 29 Bullocks Point Ave		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
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 Michael Beauregard			Director Name Laufton Longo		
Street Address Michael Beauregard 116 Hope St			Street Address 28 Trenton St		
City 116 Hope St Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Gabrielle Godino			Director Name		
Street Address 29 Bullocks Pt Ave			Street Address		
City East Providence	State RI	Zip 02915	City	State	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Michael Beauregard					Date 4/10/19
Signature of Officer/Authorized Representative 					

FILED

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

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BY CU 3X907