



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

Annual Report for the year:

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

FILED

MAY 16 2019

BY

59860

1. Entity ID Number 28385		2. Exact name of the Corporation R.I. MASONIC YOUTH FOUNDATION, INC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHARITABLE WORK WITH YOUTH	
4. NAICS Code 813110			
6. Principal Office Address 2115 BROAD STREET		City CRANSTON	State RI
		Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name DAVID T. HART, JR.		Vice-President Name JOHN K. TAKIAN	
Street Address 230 AUSTIN FARM ROAD		Street Address 12 HYBIRD DRIVE	
City EXETER	State RI	City CRANSTON	State RI
Zip 02822		Zip 02920	
Secretary Name MICHAEL K. LAWSON		Treasurer Name JAMES R. RAPSON	
Street Address 70 GRASSMERE DRIVE		Street Address 244 PARK VIEW AVENUE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02886		Zip 02888	
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 GILBERT J. FONTES		Director Name LEON C. KNUDSEN	
Street Address 176 GAINESVILLE DRIVE		Street Address 348 PLAINFIELD PIKE	
City WARWICK	State RI	City COVENTRY	State RI
Zip 02884		Zip 02816	
Director Name ROBERT I. BURGESS		Director Name	
Street Address 40 WEST GREELEY CIRCLE		Street Address	
City WARWICK	State RI	City	State
Zip 02886		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 JAMES R. RAPSON			Date 5-14-19
Signature of Officer/Authorized Representative <i>James R. Rapson</i>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov