



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

FILED

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MAY 16 2019

BY 59860

Annual Report for the year:
 Non-Profit Corporation

2019

- 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 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). RI Corporations MUST list at least THREE directors. 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	Zip 02822	City CRANSTON	State RI	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	Zip 02886	City WARWICK	State RI	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	Zip 02884	City COVENTRY	State RI	Zip 02816
Director Name ROBERT I. BURGESS			Director Name		
Street Address 40 WEST GREENEY CIRCLE			Street Address		
City WARWICK	State RI	Zip 02886	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 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
 Phone: (401) 222-3040
 Website: www.sos.ri.gov