



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

Annual Report for the year: 2019

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**

**STAMP**

JUN 06 2019

FOR

BY

1. Entity ID Number <b>90747</b>		2. Exact name of the Corporation <b>NEW ENGLAND REGIONAL TURFGRASS FOUNDATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>EDUCATION FOR TURFGRASS PROFESSIONALS AND RESEARCH FUNDING</b>			
4. NAICS Code <b>611519 - Other Technical and</b>					
6. Principal Office Address <b>97 JOHN CLARKE ROAD</b>			City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name <b>PETER J. RAPPOCCIO</b>			Vice-President Name <b>MARK B. MANSUR</b>		
Street Address <b>246 ORNAC</b>			Street Address <b>206 TERRY PLAINS ROAD</b>		
City <b>CONCORD</b>	State <b>MA</b>	Zip <b>01742</b>	City <b>BLOOMFIELD</b>	State <b>CT</b>	Zip <b>06002</b>
Secretary Name <b>ROBERT B SEARLE</b>			Treasurer Name <b>MARK B. MANSUR</b>		
Street Address <b>PO BOX 234</b>			Street Address <b>206 TERRY PLAINS ROAD</b>		
City <b>BIDDEFORD POOL</b>	State <b>ME</b>	Zip <b>04006</b>	City <b>BLOOMFIELD</b>	State <b>CT</b>	Zip <b>06002</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <b>MICHAEL A. BURAS</b>			Director Name <b>JOHN CLARK</b>		
Street Address <b>55 GRANT STREET</b>			Street Address <b>14 COTE DRIVE</b>		
City <b>WEST NEWTON</b>	State <b>MA</b>	Zip <b>02465</b>	City <b>DOVER</b>	State <b>NH</b>	Zip <b>03820</b>
Director Name <b>CHRISTOPHER COWAN</b>			Director Name <b>MATTHEW A. CROWTHER</b>		
Street Address <b>PO BOX 32</b>			Street Address <b>PO BOX 876</b>		
City <b>NORTH HATFIELD</b>	State <b>MA</b>	Zip <b>01066</b>	City <b>NORTH FALMOUTH</b>	State <b>MA</b>	Zip <b>02563</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
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 <b>GARY J. SYKES</b>				Date <b>JUNE 3, 2019</b>	
Signature of Officer/Authorized Representative <i>Gary J. Sykes</i>				SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov