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 66664

1. Entity ID Number	2. Exact name of the Corporation
90747	NEW ENGLAND REGIONAL TURFGRASS FOUNDATION
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: EDUCATION FOR TURFGRASS PROFESSIONALS AND RESEARCH FUNDING
4. NAICS Code: 611519 - Other Technical and	

6 Principal Office Address	City	State	Zip
97 JOHN CLARKE ROAD	MIDDLETOWN	RI	02842

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: PETER J. RAPPOCCIO			Vice-President Name: MARK B. MANSUR		
Street Address: 246 ORNAC			Street Address: 206 TERRY PLAINS ROAD		
City: CONCORD	State: MA	Zip: 01742	City: BLOOMFIELD	State: CT	Zip: 06002
Secretary Name: ROBERT B SEARLE			Treasurer Name: MARK B. MANSUR		
Street Address: PO BOX 234			Street Address: 206 TERRY PLAINS ROAD		
City: BIDDEFORD POOL	State: ME	Zip: 04006	City: BLOOMFIELD	State: CT	Zip: 06002

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: MICHAEL A. BURAS			Director Name: JOHN CLARK		
Street Address: 55 GRANT STREET			Street Address: 14 COTE DRIVE		
City: WEST NEWTON	State: MA	Zip: 02465	City: DOVER	State: NH	Zip: 03820
Director Name: CHRISTOPHER COWAN			Director Name: MATTHEW A. CROWTHER		
Street Address: PO BOX 32			Street Address: PO BOX 876		
City: NORTH HATFIELD	State: NA	Zip: 01066	City: NORTH FALMOUTH	State: MA	Zip: 02563

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	Date
GARY J. SYKES	JUNE 3, 2019

Signature of Officer/Authorized Representative: Gary J. Sykes — SIGN DOCUMENT HERE

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

FORM 631 - Revised: 03/2019