



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: 2020
 Non-Profit Corporation

2020 JAN 13 PM 1:39

- 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 001689315		2. Exact name of the Corporation Gordon Stewart Memorial Foundation, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Memorial foundation, accepting donations and holding events with the purpose of using proceeds as donations.			
4. NAICS Code 813990					
6. Principal Office Address 555 South Water St. Condo 219		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Michael L Stewart			Vice-President Name Shawn F Stewart		
Street Address 18 Bell Schoolhouse Rd.			Street Address 18 Bell Schoolhouse RI		
City Richmond	State RI	Zip 02892	City Richmond	State RI	Zip 02892
Secretary Name Evan A Crawley			Treasurer Name Mark L Grayock		
Street Address 56 Rugglos Ave			Street Address 555 South Water St		
City Newport	State RI	Zip 02840	City Providence	State RI	Zip 02903
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 L Stewart			Director Name Shawn F Stewart		
Street Address "SAME"			Street Address "Same"		
City	State	Zip	City	State	Zip
Director Name Evan A Crawley			Director Name Mark L Grayock		
Street Address "Same"			Street Address "Same"		
City	State	Zip	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Mark L. Grayock				Date 1/13/2020	
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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