



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:
Non-Profit Corporation

2019

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 Mark Michael L Stewart		Vice-President Name Shawn F Stewart	
Street Address 18 Bell Schoolhouse Rd.		Street Address 18 Bell Schoolhouse Rd.	
City Richmond	State RI	City Richmond	State RI
Zip 02892		Zip 02892	
Secretary Name Evan A Crawley		Treasurer Name Mark L Grayack	
Street Address 56 Ruggles Ave		Street Address 555 South Water St	
City Newport	State RI	City Providence	State RI
Zip 02840		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	City	State
Zip		Zip	
Director Name Evan A Crawley		Director Name Mark L Grayack	
Street Address "Same"		Street Address "Same"	
City	State	City	State
Zip		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 Mark L. Grayack			Date 1/13/2020
Signature of Officer/Authorized Representative 			

FILED

JAN 13 2020

BY