

151539 DNP 07/19/07 03-42-39 PM

FOR SECRETARY OF STATE USE ONLY

File Date_

Check No.

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

In accordance with R.I.G.L. 7-6- . Corporate ID No. 151539	94, each corporation fai 2. Name of Corporation Island Youth		rs wuntn the time prescribed by law	.п.н.с.ы. 7-0-71) is sauject to a pe	rsuny jee uj 425.00.
3. State of Incorporation		ldress in Rhode Island -Street Add	ress	City	Zip
RHODE ISLAND	76 CENTE			MIDDLETOWN	02842-
. Foreign corporation: Enter principal office address			City	State	Zip
		which are actually conducted in h		·	
	3828 (F. 112 1 ()	PACTRE TO BUSYONES	<i>acharsot</i> □ eul do sea	ces before using attr	cavides .
President Name			Vice President Name		
Blair MacKenzie			William Villareal		
Street Address 1216 East Main Road			Stree: Address 101 Puritan Drive		
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
Secretary Name			Treasurer Name		
TabithaMacKenzie/Cristina Offenberg, Asst Sec			Blair MacKenzie		
Street Address			Street Address	_	
1216 East Main Road/1100 Aquidneck Avenue			1216 East Main Road		
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
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		gali (en l'eministration de la mellación hac			
Director Name			Director Name	2	
Blair MacKenzie			William Villareal		
Street Address			Street Address		
1216 East Main R	Road	and the second s	101 Puritan Driv	the control of the co	
City	State	Zip	City	State	<i>Zip</i> 02842
Middletown	RI	02842	Middletown	RI	04044
Director Name			Director Name		
Robb Weaver			Tim Robinson		
Street Address			Street Address 56 Farewell Str	eet	
256 Allston Aver <i>City</i>	iue State	Zip	City	State	Zip
Middletown	RI	02842	Newport	RI	02840
		AND DONOTACTER CHI			(1) 4-78 J
Agent Name			Address		
			1100 AQUIDNECK AVENUE		
Cristina M. Offenberg, Esq.			City	Zip	
Address			4	: -	
SILVA THOMAS MARTLAND & OFFENBERG, LTD.			Middletown,	RI	, and the second second of the second
This report must be sig	gned by either th	e President, Vice Presider	nt, Secretary, Assistant Se	ecretary, Treasurer, Re	ceiver or Trustee
			Under penalty of per	iury. I declare and affirm th	at [have examined
1 1 1 2 7			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.		

Print or Type Name of Officer **Assistant Secretary** Title of Officer

Cristina M. Offenterg

Form 631 Rev. 12/05