



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
 \* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 31146		2. Name of Corporation Senior Youth Association	
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 25 ST. DOMINIC RD	
		City WAKEFIELD	Zip 02879
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Multi-Purpose Senior Center			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Louise Mello		Vice President Name Mary Penn	
Street Address 11 Continental ST		Street Address 681 Kingstown Rd	
City Narragansett	State RI	City Wakefield	State RI
Zip 02882		Zip 02879	
Secretary Name Sylvia Carey		Treasurer Name F. Eliot Taylor	
Street Address 2120 Ministerial Rd.		Street Address 15 Seagrest Drive	
City Wakefield	State RI	City Narragansett	State RI
Zip 02879		Zip 02882	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Grace Pesta		Director Name Charles Whipple	
Street Address 1221 Saugatucket RD		Street Address 428 Main Street	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Director Name Frances Wills		Director Name Natalie Amaral	
Street Address 681 Kingstown Rd		Street Address 69 Uracke Sams Lane	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name Karen L. Turcotte		Address 4281 South County Tr.	
Address 25 ST. DOMINIC RD. WAKEFIELD		City Charlestown, RI	Zip 02813

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 6-9-08  
 Check No.: 0318  
 By: MNC  
 FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: F. Eliot Taylor  
 Date: 6/9/08  
 Print or Type Name of Officer: F. ELIOT TAYLOR  
 Title of Officer: TREASURER