



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000090423		2. Exact name of the Corporation Yankee Chapter of SAGA (Smocking Arts Guild of America)			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Smocking & Heirloom Sewing Service Projects			
5. Principal office address 15 Howard Road Cumberland, RI 02864			City	State	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Donna Boucher			Vice-President Name Sandra Thurston		
Street Address PO Box 236 6 Johnson Road			Street Address 1 Cottonwood Lane		
City Foster	State RI	Zip 02825	City Westport	State MA	Zip 02790-4982
Secretary Name Jane Eskelund			Treasurer Name Marjory R. Savage		
Street Address 380 Mendon Road			Street Address 15 Howard Road		
City No. Attleboro	State MA	Zip 02760	City Cumberland	State RI	Zip 02864-6015
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES), RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Rosalie D. Nocera			Director Name Patricia Deaett		
Street Address 107 Cathedral Avenue			Street Address 25 Minerva Avenue		
City Providence	State RI	Zip 02908	City Cumberland	State RI	Zip 02864
Director Name Donna Costa			Director Name		
Street Address 200 Post Road #606			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY 1398

FILED
JUN 17 2013

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.

Marjory R. Savage 6/14/13
Signature of Officer Date

Marjory R. Savage
Print or Type Name of Officer
Treasurer
Title of Officer