



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. 794614		2. Exact name of the Corporation Scituate Youth Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable and educational purposes			
5. Principal office address 29 Alberta Drive		City Hope	State RI	Zip 02834	
President Name Brian LaPlante		Vice-President Name Salvatore Gelsomino			
Street Address 11 Overlook Trail		Street Address 107 Rocky Hill Road			
City Scituate	State RI	Zip 02825	City N. Scituate	State RI	Zip 02857
Secretary Name Kevin Venturini		Treasurer Name Mark Bacon			
Street Address 245 Gleaner Chapel Road		Street Address 260 Elmdale Road			
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (SEE BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Rick Alan Cabral		Director Name Mark Bacon			
Street Address 29 Alberta Drive		Street Address 260 Elmdale Road			
City Hope	State RI	Zip 02831	City N. Scituate	State RI	Zip 02857
Director Name Brian LaPlante		Director Name Joseph J. Mariano			
Street Address 11 Overlook Trail		Street Address 51 Regina Drive			
City Scituate	State RI	Zip 02825	City N. Scituate	State RI	Zip 02857
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

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.

FILED

DEC 27 2013

By 49-213793

A. A. 12:25 p.m.

Signature of Officer

Date

Brian LaPlante

Print or Type Name of Officer

President

Title of Officer

12/27/13

**ATTACHMENT IDENTIFYING DIRECTORS
2013 NON-PROFIT CORPORATION ANNUAL REPORT
SCITUATE YOUTH ASSOCIATION**

Salvatore Gelsomino
107 Rocky Hill Road
North Scituate, RI 02857

Joseph F. D'Antonio, Jr.
136 Eagle Drive
Hope, RI 02831

Kevin Venturini
245 Gleaner Chapel Road
North Scituate, RI 02857

Michael B. Forte
38 South Woodland Road
North Scituate, RI 02857

Farris Maxwell
1386 Chopmist Hill Road
North Scituate, RI 02857

SECRETARY OF STATE
CORPORATIONS DIV
2013 DEC 27 PM 12:25