



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 000031146		2. Exact name of the Corporation Senior Youths Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Multi-Purpose Senior Center			
5. Principal office address 25 St. Dominic Road		City Wakefield	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles Whipple		Vice-President Name John O'Hara			
Street Address 428 Main Street		Street Address 1499 Ocean Road			
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
Secretary Name Karen E. Hawkins		Treasurer Name Elaine E. Anderson			
Street Address 1221 Saugatucket Road		Street Address 10 Cavalier Avenue			
City Wakefield	State RI	Zip 02879	City Narragansett	State RI	Zip 02882
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 Marjorie J. Stevens		Director Name Shirley Southland			
Street Address 428 Main Street		Street Address 1221 Saugatucket Road			
City Wakefield	State RI	Zip 02882	City Wakefield	State RI	Zip 02882
Director Name Dorothy Livesey		Director Name Mary Gormley			
Street Address 200 Clark Road		Street Address 54 Sand Hill Road			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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, duly Authorized Representative, 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

MAY 26 2015

Charles Whipple **5-19-15**
 Signature of Officer or Authorized Representative Date

Charles Whipple

Print or Type Name of Officer or Authorized Representative

BY **549**