



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 794614		2. Exact name of the Corporation Scituate Youth Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable and educational services			
4. NAICS Code 81					
6. Principal Office Address 107 Rocky Hill Road		City North Scituate	State RI	Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Annie Oster		Vice-President Name Brian Piccolo			
Street Address 3 French Lane		Street Address 44 Pole Bridge Road			
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Andrea Olson		Treasurer Name Joseph Fians			
Street Address 43 Spruce Valley Drive		Street Address 59 Hunter Ridge Road			
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Andrea Olson		Director Name Annie Oster			
Street Address 43 Spruce Valley Drive		Street Address 3 French Lane			
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Director Name Brian Piccolo		Director Name Joseph Fians			
Street Address 44 Pole Bridge Road		Street Address 59 Hunter Ridge Road			
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Annie Oster				Date 6/18/17	
Signature of Officer/Authorized Representative 				FILED JUL 19 2017 BY  FORM 631 - Revised: 05/2017	
SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov