



**Department of State - Business Services Division**

**STAMP**

**Annual Report for the year: 2018**

**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 <b>000090423</b>		2. Exact name of the Corporation <b>Yankee Chapter -SAGA</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island smocking, heirloom sewing, service projects			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 50 Pequot Road		City Pawtucket	State RI	Zip 02861	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Jane Beehr</b>		Vice-President Name <b>Patricia Tarcy</b>			
Street Address <b>372 Earle Drive</b>		Street Address <b>50 Pequot Road</b>			
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
Secretary Name <b>Sharon Simoneau</b>		Treasurer Name <b>Patricia Tarcy</b>			
Street Address <b>964 Longview Drive</b>		Street Address <b>50 Pequot Road</b>			
City <b>North Attleboro</b>	State <b>Ma</b>	Zip <b>02760</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Donna Costa</b>		Director Name <b>Sandra Thurston</b>			
Street Address <b>200 Post Road # 606</b>		Street Address <b>1 Cottonwood Lane</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Westport</b>	State <b>Ma</b>	Zip <b>02132</b>
Director Name <b>Ruthann Sisson</b>		Director Name			
Street Address <b>114 C Sheffield Avenue</b>		Street Address			
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Patricia A. Tarcy</b>				Date <b>6/19/2018</b>	
Signature of Officer/Authorized Representative <i>Patricia A. Tarcy</i>				<b>SIGN DOCUMENT HERE FILED</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**JUN 25 2018**  
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