



State of Rhode Island and Providence Plantations
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 000090423		2. Exact name of the Corporation Yankee Chapter -SAGA			
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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane Beehr		Vice-President Name Patricia Tarcy			
Street Address 372 Earle Drive		Street Address 50 Pequot Road			
City North Kingstown	State RI	Zip 02852	City Pawtucket	State RI	Zip 02861
Secretary Name Sharon Simoneau		Treasurer Name Patricia Tarcy			
Street Address 964 Longview Drive		Street Address 50 Pequot Road			
City North Attleboro	State Ma	Zip 02760	City Pawtucket	State RI	Zip 02861
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 Donna Costa		Director Name Sandra Thurston			
Street Address 200 Post Road # 606		Street Address 1 Cottonwood Lane			
City Warwick	State RI	Zip 02888	City Westport	State Ma	Zip 02132
Director Name Ruthann Sisson		Director Name			
Street Address 114 C Sheffield Avenue		Street Address			
City Exeter	State RI	Zip 02822	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 Patricia A. Tarcy				Date 6/19/2018	
Signature of Officer/Authorized Representative <i>Patricia A. Tarcy</i>				SIGN DOCUMENT HERE FILED	

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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