



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation2020

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2020 JAN 31 PM 1:32

|                                                                                                                                                                                                                   |                    |                                                                                                                                                 |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 1. Entity ID Number<br><u>991842</u>                                                                                                                                                                              |                    | 2. Exact name of the Corporation<br><u>S.A.L.T.Y. Seamanship And Leadership Training For Youths</u>                                             |                    |
| 3. State of Incorporation<br><u>Rhode Island</u>                                                                                                                                                                  |                    | 5. Brief description of the character of business conducted in Rhode Island<br><u>To provide Seamanship and Leadership Training For youths.</u> |                    |
| 4. NAICS Code<br><u>713990</u>                                                                                                                                                                                    |                    |                                                                                                                                                 |                    |
| 6. Principal Office Address<br><u>2500 Post Road - Ship History Center</u>                                                                                                                                        |                    | City<br><u>Warwick</u>                                                                                                                          | State<br><u>RI</u> |
|                                                                                                                                                                                                                   |                    | Zip<br><u>02886</u>                                                                                                                             |                    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                    |                    |                                                                                                                                                 |                    |
| President Name<br><u>David W. Pickering</u>                                                                                                                                                                       |                    | Vice-President Name<br><u>NONE</u>                                                                                                              |                    |
| Street Address<br><u>293 Grand View Drive</u>                                                                                                                                                                     |                    | Street Address                                                                                                                                  |                    |
| City<br><u>Warwick</u>                                                                                                                                                                                            | State<br><u>RI</u> | Zip<br><u>02886</u>                                                                                                                             |                    |
| Secretary Name<br><u>Henry Peirce Brawner</u>                                                                                                                                                                     |                    | Treasurer Name<br><u>David W. Pickering</u>                                                                                                     |                    |
| Street Address<br><u>225 Main Channel 1</u>                                                                                                                                                                       |                    | Street Address<br><u>293 Grand View Drive</u>                                                                                                   |                    |
| City<br><u>Warwick</u>                                                                                                                                                                                            | State<br><u>RI</u> | Zip<br><u>02886</u>                                                                                                                             |                    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                                                                                                                                                 |                    |
| Director Name<br><u>David Sylvestre</u>                                                                                                                                                                           |                    | Director Name<br><u>Kurt Voss</u>                                                                                                               |                    |
| Street Address<br><u>49 North Wood Drive</u>                                                                                                                                                                      |                    | Street Address<br><u>118 Valentine Circle</u>                                                                                                   |                    |
| City<br><u>Coventry</u>                                                                                                                                                                                           | State<br><u>RI</u> | Zip<br><u>02816</u>                                                                                                                             |                    |
| Director Name<br><u>Jeff Smith</u>                                                                                                                                                                                |                    | Director Name<br><u>NONE</u>                                                                                                                    |                    |
| Street Address<br><u>2305 Stryker Avenue</u>                                                                                                                                                                      |                    | Street Address                                                                                                                                  |                    |
| City<br><u>Vienna</u>                                                                                                                                                                                             | State<br><u>VA</u> | Zip<br><u>22181</u>                                                                                                                             |                    |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.                                                                         |                    |                                                                                                                                                 |                    |
| <b>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.</b>       |                    |                                                                                                                                                 |                    |
| This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.                                               |                    |                                                                                                                                                 |                    |
| Name of Officer/Authorized Representative<br><u>David W. Pickering</u>                                                                                                                                            |                    | Date<br><u>1/31/20</u>                                                                                                                          |                    |
| Signature of Officer/Authorized Representative<br><u>David W. Pickering</u>                                                                                                                                       |                    |                                                                                                                                                 |                    |

FILED

JAN 31 2020

BY CH 9N4S5 FORM 631 - Revised: 06/2017

1:34