



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

Annual Report for the year: 2020
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.

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

2020 JAN 31 PM 1:32

1. Entity ID Number <u>991842</u>		2. Exact name of the Corporation <u>S.A.L.T.Y. SeamanSHIP And Leadership Training For Youths</u>			
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>To provide SeamanSHIP and Leadership Training For youths.</u>			
4. NAICS Code <u>713990</u>					
6. Principal Office Address <u>2500 Post Road - Ship History Center</u>		City <u>Warwick</u>		State <u>RI</u>	Zip <u>02886</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>David W. Pickering</u>			Vice-President Name <u>NONE</u>		
Street Address <u>293 Grand View Drive</u>			Street Address		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City	State	Zip
Secretary Name <u>Henry Peirce Brawner</u>			Treasurer Name <u>David W. Pickering</u>		
Street Address <u>225 Main Channel 1</u>			Street Address <u>293 Grand View Drive</u>		
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
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 <u>David Sylvestre</u>			Director Name <u>Kurt Voss</u>		
Street Address <u>49 North Wood Drive</u>			Street Address <u>118 Valentine Circle</u>		
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>
Director Name <u>Jeff Smith</u>			Director Name <u>NONE</u>		
Street Address <u>2305 Stryker Avenue</u>			Street Address		
City <u>Vienna</u>	State <u>VA</u>	Zip <u>22181</u>	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.					
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 <u>David W. Pickering</u>					Date <u>1/31/20</u>
Signature of Officer/Authorized Representative <u>David W. Pickering</u>					

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

FILED

JAN 31 2020
BY CH 9N4S5 FORM 631 - Revised: 06/2017
1:34