



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
 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.

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 BUS SVCS DIV

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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>	
Secretary Name <u>Henry Peirce Brawner</u>		Treasurer Name <u>David W. Pickering</u>	
Street Address <u>235 Main Channel 1</u>		Street Address <u>293 Grand View Drive</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>	
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>	
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.			
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 <u>David W. Pickering</u>		Date <u>1/31/20</u>	
Signature of Officer/Authorized Representative <u>David W. Pickering</u>		FILED	

JAN 31 2020

BY CR 9N485