



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

Annual Report for the year: 2019
 Non-Profit Corporation

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2020 JAN 31 PM 1:32

- 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 991842		2. Exact name of the Corporation S.A.L.T.Y. Seamanship And Leadership Training For Youths			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide Seamanship and Leadership Training For youths.			
4. NAICS Code 713990					
6. Principal Office Address 2500 Post Road - Ship History Center		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David W. Pickering		Vice-President Name NONE			
Street Address 293 Grand View Drive		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Henry Peirce Brawner		Treasurer Name David W. Pickering			
Street Address 235 Main Channel 1		Street Address 293 Grand View Drive			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 David Sylvestre		Director Name Kurt Voss			
Street Address 49 North Wood Drive		Street Address 118 Valentine Circle			
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02886
Director Name Jeff Smith		Director Name NONE			
Street Address 2305 Stryker Avenue		Street Address			
City Vienna	State VA	Zip 22181	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 David W. Pickering				Date 1/31/20	
Signature of Officer/Authorized Representative <i>David W. Pickering</i>				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

JAN 31 2020

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