



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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| | | | |
|--|--------------------|---|------------------------|
| 1. Entity ID Number 000031146 | | 2. Exact name of the Corporation SENIOR YOUTH ASSOCIATION | |
| 3. State of Incorporation RHODE ISLAND | | 5. Brief description of the character of business conducted in Rhode Island SUPPORT SENIOR CENTER OF SOUTH KINGSTOWN THROUGH FUND RAISING AND ASSISTING IN PLANNING THE CENTER'S ACTIVITIES | |
| 4. NAICS Code 624120 | | | |
| 6. Principal Office Address 25 ST. DOMINIC ROAD | | City WAKEFIELD | State RI |
| | | Zip 02879 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | |
| President Name KAREN HAWKINS | | Vice-President Name LOUISE E. WORDEN | |
| Street Address 1221 SAUGATUCK RD. | | Street Address 1141 MOORESFIELD RD. | |
| City WAKEFIELD | State RI | City WAKEFIELD | State RI |
| Zip 02879 | | Zip 02879 | |
| Secretary Name KAREN HAWKINS | | Treasurer Name LOUISE E. WORDEN | |
| Street Address 1221 SAUGATUCK RD. | | Street Address 1141 MOORESFIELD RD. | |
| City WAKEFIELD | State RI | City WAKEFIELD | State RI |
| Zip 02879 | | Zip 02879 | |
| 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 MARCIA H. PARROLE | | Director Name CHARLES WHIPPLE | |
| Street Address 75 SHADOW FARM | | Street Address 681 KINGSTOWN RD. | |
| City WAKEFIELD | State RI | City WAKEFIELD | State RI |
| Zip 02879 | | Zip 02879 | |
| Director Name DEANNA WRIGHT | | Director Name | |
| Street Address 110 GREENWOOD DRIVE | | Street Address | |
| City PAVING DAVE | State RI | City | State |
| Zip 02879 | | 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. | | | |
| 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 KAREN E. HAWKINS | | | Date 2/17/20 |
| Signature of Officer/Authorized Representative <i>Karen E. Hawkins</i> | | | DOCUMENT HERE |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 06/2019