RI SOS Filing Number: 202034696730 Date: 2/18/2020 2:12:00 PM



State of Rhode Island and Providence Plantations

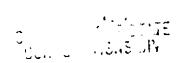
## **Department of State - Business Services Division**

Annual Report for the year: 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.



2020 FEB 18 PM 2: 11

1. Entity ID Number	2. Exact name of the Corporation			
0000 31146	SENIOR YOUTH ASSOCIATION			
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island			
RHUDE ISLAND	SUPPORT SENIOR CENTER OF SOMETH KINGSTOWN			
4. NAICS Code	THROUGH FUND RAISING AND 15551541NG IN			
624120	PLANING THE CENTER'S ACTIVITIES			
6. Principal Office Address		City	State	Zip
25 ST. DomiNic ROAD		WAKEFIER	RT	02879
7. List ALL officers (names and addresses)  Check the box to indicate an attachment				
President Name KAREN NAW KINS		Vice-President Name Louise & WORDEN		
Street Address 1221 SAUGRTUCKET RD.		Street Address 1141 MOORES LIZZO RO		
City WAKE FIELD	State Zip 02579	City WAXERRES		Zip 02875
Secretary Name / A REW		Treasurer Name	RDELL	
Street Address IVM SAUGAROCKOT RD.		Street Address 1141 MOURESFILLD RD.		
	State Zip 07879	City white FIELD	State	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment				
Director Name		Director Name CHARLUS WHIPPLE		
MARCIA H. PARKULLE Street Address		Street Address		
25 SHADOW FARM		681 KINGS TOWN RD.		
City WAKE FIELD	State RI Zip 2879	City WAKERIER	State 17	Zip 0 2879
Director Name DE A NA P	Director Name			
Street Address Lio GREW WOOD DAYNE		Street Address		
CityPas & DALG	State Zip 02879	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.				
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			Date 2/12	120
KARONEFE HAWKIN.			l · ′	
Signature of Officer/Authorized Representative				
Haren C. Frier W.				
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

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FORM 631 - Revised: 06/2019