



State of Rhode Island

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.
2021 FEB 19 AM 11:59

1. Entity ID Number 000090423		2. Exact name of the Corporation <i>Yankee</i> Yankee Chapter SAGA			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island smocking, heirloom sewing, service projects			
4. NAICS Code 813110 <input type="checkbox"/>					
6. Principal Office Address 50 Pequot Road		City Pawtucket		State RI	Zip 02861
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane Beehr			Vice-President Name Patricia Tarpy		
Street Address 372 Earle Drive			Street Address 50 Pequot Rd		
City North Kingstown	State RI	Zip 02852	City Pawtucket	State RI	Zip 02861
Secretary Name Sharon Simmoneau			Treasurer Name Patricia Tarpy		
Street Address 964 Longview Drive			Street Address 50 Pequot Rd		
City North Attleboro	State Ma	Zip 02760	City Pawtucket	State RI	Zip 02861
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 Donna Costa			Director Name Sandra Thurston		
Street Address 200 Post Rd #606			Street Address 1 Cottonwood Lane		
City Warwick	State RI	Zip 02888	City Westport	State Ma	Zip 02132
Director Name Ruthann Sisson			Director Name		
Street Address 114C Sheffield Ave			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Patricia A. Tarpy				Date 2/14/2021	
Signature of Officer/Authorized Representative <i>Patricia A. Tarpy</i>					

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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