



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000080078

**2. Name of Corporation** Youth Pride, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 743 WESTMINSTER STREET  
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE ORGANIZATION'S MISSION IS TO PROVIDE SOCIAL, EDUCATIONAL AND EMOTIONAL SUPPORT TO GAY AND BISEXUAL YOUTH.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT      | GUILLAUME BAGAL                                       | 755 WESTMINSTER ST UNIT 202<br>PROVIDENCE, RI 02908 USA           |
| TREASURER      | MONIQUE COLLINS                                       | 130 EDMOND DRIVE<br>WARWICK, RI 02886 USA                         |
| SECRETARY      | GREG TUMOLO                                           | 370 MATTESON ROAD<br>HOPE, RI 02831 USA                           |
| VICE PRESIDENT | TAYLA REO                                             | 224 GARDEN STREET<br>PAWTUCKET, RI 02860 USA                      |
| DIRECTOR       | HENRY WALTHER                                         | 153 HAMILTON STREET<br>EAST PROVIDENCE, RI 02914 USA              |
| DIRECTOR       | ERIN PAVANE                                           | 139 MARTIN RD.<br>DOUGLAS, MA 01516 USA                           |
| DIRECTOR       | JEFF LAVALLEY                                         | 19 LINCOLN AVENUE<br>PAWTUCKET, RI 02861 USA                      |
| DIRECTOR       | ALEX HARTLEY                                          | 5 WALKER AVE<br>LINCOLN, RI 02865 USA                             |
| DIRECTOR       | LISA CARCIERI                                         | 75 RIDGE ROAD<br>BRISTOL, RI 02809 USA                            |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ELANA ROSENBERG 743 WESTMINSTER STREET PROVIDENCE , RI 02903

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 21 Day of June, 2021 at 3:06:10 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By ELANA ROSENBERG  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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