



State of Rhode Island  
**Department of State - Business Services Division**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 OCT 28 P 3:04

Annual Report for the year: 2021  
 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.

1. Entity ID Number <b>1699317</b>		2. Exact name of the Corporation <b>Youth Moving Forward inc</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Youth Center</b>	
4. NAICS Code <b>813110</b>			
6. Principal Office Address <b>82 Nashua St</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02904</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Robert Robinson</b>		Vice-President Name <b>Lajuan Allen</b>	
Street Address <b>27 Berkley St</b>		Street Address <b>1el Joseph St</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>N. Prov</b>	State <b>RI</b>
Zip <b>02910</b>		Zip <b>02904</b>	
Secretary Name <b>Shaun Mark</b>		Treasurer Name <b>Leathal Johnson</b>	
Street Address <b>10. Slong St</b>		Street Address <b>41 Marigold Circle</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>N. Prov</b>	State <b>RI</b>
Zip <b></b>		Zip <b>02904</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Darnell Albury</b>		Director Name <b>Naomi Mark</b>	
Street Address <b>185 Dexters + Apt 9</b>		Street Address <b>10. S Long St</b>	
City <b>Pawtucket</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Zip <b>02860</b>		Zip <b>02919</b>	
Director Name <b>Evelyn Stanley</b>		Director Name	
Street Address <b>36 Langsberries Ave</b>		Street Address	
City <b>North Providence</b>	State <b>RI</b>	City	State
Zip <b>02911</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>Darnell Albury</b>			Date <b>10.28.21</b>
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>			<b>FILED</b>
			<b>OCT 28 2021</b>
			<b>BY CUMT YR3</b>
			<b>3:06</b>

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov