



State of Rhode Island
Department of State - Business Services Division

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 OCT 28 P 3:04

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.

1. Entity ID Number 1699317		2. Exact name of the Corporation Youth Moving Forward			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Youth center			
4. NAICS Code 813110					
6. Principal Office Address 82 Nashua St			City Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Robinson			Vice-President Name Lajuan Allen		
Street Address 27 Berkley St			Street Address 1el Joseph St		
City Cranston	State RI	Zip 02910	City N. Providence	State RI	Zip 02904
Secretary Name Shaun Mark			Treasurer Name Leathel Robinson		
Street Address 10 S. Long St			Street Address 41 Marigold Circle		
City Johnston	State RI	Zip 02919	City N. Providence	State RI	Zip 02904
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 Darnell Albury			Director Name Naomi Mark		
Street Address 185 Dexter St Apt 9			Street Address 105. Long St		
City Pawtucket	State RI	Zip 02860	City Johnston	State RI	Zip 02919
Director Name Robert Robinson			Director Name		
Street Address 27 Berkley St			Street Address		
City Cranston	State RI	Zip 02910	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.					
<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 Darnell Albury				Date 10.28.21	
Signature of Officer/Authorized Representative <i>[Signature]</i>				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

OCT 28 2021
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 3:05 FORM 631 - Revised: 08/2020