



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021-2022
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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

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1. Entity ID Number 000031146		2. Exact name of the Corporation SENIOR YOUTH ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island We support the center when they need things NOT budgeted we run bingo			
4. NAICS Code 624120					
6. Principal Office Address 25 ST. DOMINIC RD			City WAKEFIELD	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KAREN HAWKINS			Vice-President Name Charles Whipple		
Street Address 1221 Saugatucket Rd 204 W			Street Address 681 Kingstown Rd Apt 387		
City Peace Dale	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name			Treasurer Name Louise Wardell		
Street Address			Street Address MOORSFIELD RD		
City	State	Zip	City South Kingstown	State RI	Zip 02879
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 Karen Hawkins			Director Name Louise Wardell		
Street Address 1221 Saugatucket Rd 204 W			Street Address MOORSFIELD RD		
City Peace Dale	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Director Name Charles Whipple			Director Name		
Street Address 681 Kingstown Rd Apt 387			Street Address		
City Wakefield	State RI	Zip 02879	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 Karen E Hawkins				Date 12/16/21	
Signature of Officer/Authorized Representative Karen E Hawkins, President				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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