



State of Rhode Island

Department of State - Business Services Division

FILED

FEB 07 2023 10:33

BY [Signature]

Annual Report for the year: 2023  
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000090423		2. Exact name of the Corporation Yankee Chapter -SAGA			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Teach Smocking, Airloom, Sewing and do service projects			
4. NAICS Code 813920 - Professional Organiz		<i>Teach Smocking, Airloom, sewing and do service projects</i>			
6. Principal Office Address 50 Pequot Rd 50 Pequot Rd		City Pawtucket	State RI	Zip 02861	
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Jane Beehr JANE BEEHR		Vice-President Name Patricia Tarpy Patricia Tarpy			
Street Address 77 Kay Street		Street Address 50 Pequot Rd			
City Millis	State Ma	Zip 02054	City Pawtucket	State RI	Zip 02861
Secretary Name Donna Costa		Treasurer Name Patricia Tarpy			
Street Address 200 Post Road Apt #606		Street Address 50 Pequot Rd			
City Warwick	State RI	Zip 02888	City Pawtucket	State RI	Zip 02861
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 Ruth Ann Sisson		Director Name Sandra Thurston			
Street Address 114C Sheffield Avenue		Street Address 1 Cottonwood Lane			
City Exeter	State RI	Zip 02822	City Westport	State Ma	Zip 02132
Director Name Nancy Beauregard		Director Name			
Street Address 85 Anawan Road		Street Address			
City Pawtucket	State RI	Zip 02861	City	State	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 Patricia A. Tarpy				Date February 4, 2023	
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