



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

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.

RECEIVED
R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION

2023 JUN 14 AM 11:01

1. Entity ID Number 991842		2. Exact name of the Corporation S.A.W.T.Y. Seamanship And Leadership Training For Youths	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To provide seamanship and leadership training for youths	
4. NAICS Code 713990			
6. Principal Office Address 215 Pettis Drive		City Warwick	State RI
		Zip 02889	
7. List ALL officers (names and addresses)			Check the box to indicate an attachment <input type="checkbox"/>
President Name David W. Pickering		Vice-President Name None	
Street Address 215 Pettis Drive		Street Address	
City Warwick	State RI	Zip 02889	
Secretary Name Henry Peirce Brawner		Treasurer Name David W. Pickering	
Street Address 225 Main Channel 1		Street Address 215 Pettis Drive	
City Warwick	State RI	Zip 02886	
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 David Sylvestre		Director Name Kurt Voss	
Street Address 49 North Wood Drive		Street Address 118 Valentine Circle	
City Copertny	State RI	Zip 02816	
Director Name Jeff Smith		Director Name	
Street Address 2305 Stryker Avenue		Street Address	
City Vienna	State VA	Zip 22181	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative David W. Pickering			Date 6/13/23
Signature of Officer/Authorized Representative <i>David W. Pickering</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

JUN 14 2023
BY ML 9486