



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.

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R.I. DEPT. OF STATE  
CORPORATE STATE

2023 JUN 14 AM 11:01

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

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

FORM 631- Revised 04/2023