



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001765916

**2. Name of Corporation** Journey to Joy

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813990

**4. Principal Office Address**

No. and Street: 81 WILLIAM HENRY ROAD

City or Town: SCITUATE

State: RI Zip: 02857 Country: US

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO RESCUE DOGS THAT ARE IN DANGER OF BEING EUTHANIZED. TO FIND  
SUITABLE FOSTER HOMES FOR  
RESCUED DOGS INCLUDING THE POSSIBILITY OF CREATING A SANCTUARY FOR  
THE RESCUED DOGS IN  
RHODE ISLAND. TO PLACE RESCUED DOGS INTO FOREVER HOMES IN RHODE  
ISLAND. SAID  
CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS,  
EDUCATIONAL, AND SCIENTIFIC

PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	JOY M YOUNKIN	81 WILLIAM HENRY ROAD NORTH SCITUATE, RI 02857 USA
OTHER OFFICER	JOY YOUNKIN	
DIRECTOR	DAVID SCHAAD	35 HESPER DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	KRISTIN PATT	4731 OLD POST ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	JOY M YOUNKIN	81 WILLIAM HENRY ROAD NORTH SCITUATE, RI 02857 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOY YOUNKIN 81 WILLIAM HENRY ROAD NORTH SCITUATE , RI 02857

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of February, 2024 at 2:04:19 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JOY YOUNKIN  
Signature of Authorized Person