



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

FILED

**Annual Report for the year
Non-Profit Corporation**

2025

FEB 28 2025
BY [Signature]

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

| | |
|------------------------|-------------------------------------------------------|
| 1. <u>202566591480</u> | 2. Exact name of the Corporation Youth Zone |
|------------------------|-------------------------------------------------------|

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|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. State of Incorporation Rhode Island | 5. Brief description of the character of business conducted in Rhode Island Youth Zone's mission is to provide a safe space for out of school time care and to support the youth and families of Pawtucket/Central Falls and the surrounding communities. |
| 4. NAICS Code 624410 | |

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|-----------------------------------------------------|--------------------------|--------------------|---------------------|
| 6. Principal Office Address 24 Varnum Ave | City Pawtucket | State RI | Zip 02860 |
|-----------------------------------------------------|--------------------------|--------------------|---------------------|

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|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|--------------------------------------|-------------------|------------------|
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Faith Norton | | | Vice-President Name none | | |
| Street Address 3 Brian Ave | | | Street Address none | | |
| City North Smithfield | State RI | Zip 02896 | City none | State none | Zip none |
| Secretary Name Pamela Nunes | | | Treasurer Name Patricia Gomes | | |
| Street Address 29 Belview St | | | Street Address 16 Park St | | |
| City Seekonk | State MA | Zip 02771 | City Johnston | State RI | Zip 02919 |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|-------------------------------------|-------------------|------------------|
| 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 Faith Norton | | | Director Name Pamela Nunes | | |
| Street Address 3 Brian Ave | | | Street Address 29 Belview St | | |
| City North Smithfield | State RI | Zip 02896 | City Seekonk | State MA | Zip 02771 |
| Director Name Patricia Gomes | | | Director Name none | | |
| Street Address 16 Park St | | | Street Address none | | |
| City Johnston | State RI | Zip 02919 | City none | State none | Zip none |

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.

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 Brittany Arboleda Waters | Date 02/24/2025 |
| Signature of Officer/Authorized Representative <u>Brittany Arboleda Waters</u> | |

MAIL TO:
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