

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2

Providence, RI 02904-2615 ১২ 401.222.3040

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* 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.

penany jee of \$25.00.						
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation				
144259	Media Youth	Television				
3. State of Incorporation	4. Corporate ad	4. Corporate address in Rhode Island - Street Address			Zip	
RHODE ISLAND	35 Ridgewa	y Ave		Providence	02909	
5. Foreign corporation. Enter principal office address			Ctty	State	Zψ	
			thode Island Training To Youth 12-20			
7. NAMES AND ADDR	RESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	ACES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Desi Washington						
Street Address			Street Address			
35 Ridgeway Ave		·				
City	State	Ζip	City	State	Zip	
Providence	RI	02909	· · · · · · · · · · · · · · · · · · ·			
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	2:ф	
8. NAMES AND ADDR	 RESSES OF THE DIF	 RECTORS: <i>("X" BOX FOR</i>	 RATTACHMENT)	I PACES BEFORE USING ATTA	I ACHMENTS	
THE NUMBER OF DI	RECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION <u>SHAL</u>	L NOT BE LESS THAN THE	EEE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Darryl Jett			Indigo Bethea			
Street Address			Street Address			
231 Gallatin St.			196 Lynch St.			
City	State	Ζip	City	State	Zip	
Providence	RI	02909	Providence	RI	02908	
Director Name	· - · -		Director Name			
Anthony Knight						
Street Address			Street Address			
96 Sacred Heart Ave	€ .					
City	State	Zip	City	State	Zip	
Central Falls	RI	02863	I			
9. REGISTERED AGEN	NT IN RHODE ISLA	ND				
This information is curr	rently of record in the	e Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-1	3/7-6-78	
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

144259	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.			
FILED				
DEC 3 0 2008	Signature of Officer Date			
By 1045	Print or Type Name of Officer			