| | State of Rhode Office of the Secreta | ry of State | Fee: \$20.00 | |
|---|---|-----------------------------|------------------------|--|
| | Division Of Business 148 W. River St | | | |
| | Providence RI 0290 | | | |
| HOPE | (401) 222-304 | | | |
| | | | | |
| 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: 2022 | | | | |
| 1. Corporate ID No. 001708970 | | | | |
| 2. Name of Corporation Forever Young Incorporated | | | | |
| 3. State of Incorporation | | | | |
| State: <u>RI</u> | | | | |
| 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 <u>click here.</u> | | | | |
| NAICS Code | | | \checkmark | |
| 624110 | | | | |
| 4. Principal Office Address | | | | |
| No. and Street: 17 GROVE AVENUE | | | | |
| <u>UNIT 14126</u> | | | | |
| City or Town: EAST I | PROVIDENCE State: | <u>RI</u> Zip: <u>02914</u> | Country: <u>USA</u> | |
| 5. Brief Description of the Character of the Affairs Conducted in Rhode Island | | | | |
| TO PROVIDE UPLIFTING AND INSPIRATIONAL PROGRAMS TO UNDERSERVED AND AGING COMMUNITIES. | | | | |
| 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 | Addre | ess | |
| | First, Middle, Last, Suffix | Address, City or Town, St | ate, Zip Code, Country | |
| DIRECTOR | BRANDON BLACKISTON | 260 GROSV | ENOR AVENUE | |

| | | EAST PROVIDENCE, RI 02914 USA | | |
|---|-----------------|---|--|--|
| DIRECTOR | PAM R STANSBURY | 912 HARLAN AVENUE ABERDEEN, MD 21001 USA | | |
| DIRECTOR | PAULA M WATTERS | 260 GROSVENOR AVENUE EAST PROVIDENCE, RI 02914 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 | | | | |
| NELIA BLACKISTON 260 GROSVENOR AVENUE EAST PROVIDENCE, RI 02914 | | | | |
| 8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee. | | | | |
| Signed this 29 Day of May, 2022 at 6:58:17 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 <u>ERIC BLACKISTON</u> Signature of Authorized Person | | | | |
| Form No. 631 Revised 09/07 | | | | |
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