

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

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 together for a first second secon

to a penalty fee of \$25.00.									
1. Corporate ID No.	2. Name of Corporation								
70317	Citizens Concerned About Casino Gambling, Inc.								
3. State of Incorporation	4. Corporate address in 1	City		Zip					
Rhode Island	273 Village Rd.		Tiverton		02878				
5. Foreign corporation. Enter principal office address			City	State	:	Zip			
6. Brief Description of the character of	of the affairs which are ac	tually conducted in Rhode Isl	land						
To educate the public about	gambling and it's e	ffect on social and eco	nomic conditions.						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS									
President Name			Vice President Name						
Rev. Eugene J. McKenna			Nancy P. Corkery						
Street Address			Street Address						
909 West Main Rd.			432 Paradise Ave.						
City	State	Zip	City	State		Zip			
Middletown	Rhode Island	02842	Middletown	Rhode Is	land	02842			
Secretary Name			Treasurer Name						
David C. Wixted			Richard A. Hines						
Street Address			Street Address						
42 Division St.			273 Village Rd.						
City	State	Zip	City	State		Zip			
Newport	Rhode Island	02840	Tiverton	Rhode Is		02878			
8. NAMES AND ADDRESSES									
THE NUMBER OF DIRECTO	ORS OF A DOMESTI	IC (RHODE ISLAND)	•	T BE LESS THA	IN THREE	(3). R.I.G.L. 7-6-23			
Director Name			Director Name						
Peter McOsker			Rev. Eugene McKenna						
Street Address			Street Address						
45 Ayrault St.			909 West Main Rd.						
City	State	Zip	City	State		<i>Ζ</i> φ 02842			
Newport	Rhode Island	02840	Middletown	Rhode Is	land	U2842			
Director Name			Director Name						
Burt Hoffman									
Street Address			Street Address						
54 Ayrault St.	CL-4-	741	City	State		Zip			
City	State Dheda laland	^{Zip} 02840	Chy	June					
Newport 9. REGISTERED AGENT IN	Rhode Island		ees require filing of Form	641 - R.I.G.L.	7-6-13 / 7-	ı .6-78			
Agent Name	RHODE ISLAND - A	O I O I I I I I I I I I I I I I I I I I	Address		•				
Peter McOsker			1.0007.500						
			City Zip						
Address			Newport	,					
45 Ayrault St.									
This report must	be signed by either	the President, Vice Pre-	sident, Secretary, Assistant Se	ecretary, Treasu	irer, Receiv	er or Trustee			

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File Date	F		_E	ΞΙ	<u> </u>	
Check No.	FE	В	07	2	800	
Ву:	By_	_	25	47	Service School	
FOR S	ECRETAI	RY OI	STA		ISE ONLY	

Under penalty of perjury, I declare and affireport, including any accompanying schedul statements contained herein are true and cort	les and statements, and that all
Signature of Officer	Date
Richard A. Hines	
Print or Type Name of Officer	
Treasurer	
Title of Officer	