

## State of Rhode Island and Providence Plantations

Office of the Secretary of State

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 200 Y Filing Period: 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.					
2. Name of Corporation JANESTOWN SENIOR Citizens ASSOCIATION, Suc					
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Rhode IShAND 6 West 5 t				JAMESTOWN	D2835-
5. Foreign corporation. Enter principal office address  N. A.			City	State	Ζίρ
6. Brief Description of the character of the affairs which are actually conducted in Rhode Islan  TO ACCES AND FURTHER OPERATIONS AT A  IMPREDICTION OF THE QUALITY OF  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHS  President Name  CHARLOTTE S. RICHARDSON  Street Address			9 SENIOR CENTER I Meal Site. AND to		
TAMESTOWN	Ave State 12I	zip 02835		State RI	<sup>Zip</sup> 02835
Secretary Name FRANCES MACKABEE			Trassurer Name   RAFANELLI		
Street Address  A1 PEMBERTON AVE  City State RT Zip 02835			Street Address 20 DORY ST		
TAMESTOWN	State RI	D2835	JAMES TOWN	State RI	2835
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATTAC	HMENT) TILL IN SPACES B	EFORE USING ATTACH	IMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Condition Name  Vean Esperito			ORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23  Director Name  WALTER BolL		
Street Address  1 UNIAK AVE-  City TAMESTOWN  State  RI  02835			Street Address WALTER BOLL BICLINTUN AU		
JAMESTOWN	State RI	D2835	JAHESTOWN	State RT	C2833
Director Name MARION SHEELHAN			Director Name		
Street Address ST COLL ST			Street Address		
City TAMESTOWN 9. REGISTERED AGENT IN 1	State RT RHODE ISLAND - DO	Zip   O2835   NOT ALTER - Change	City es require filing of Form 64	State 	Zip     <b>6-78</b>
JEAN ESPOSITO			Address & West ST		
Address			JANESTOWN	RI DZ8	33
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					

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	File Date FILED
	Check No. DEC 01 2008
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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.

Chirlotte	J. Richardson
Signature of Officer	<del></del>

RICHARDSON

Print or Type Name of Officer PRESIDENT

Title of Officer