STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
524207	**Taxpayers' Association of Jamestown**
3. State of Incorporation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Educational**

5. Principal office address	City	State	Zip
23 Skysail Court	**Jamestown**	**RI**	**02835**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Blake Dickinson			**Gary Girard**		
Street Address			Street Address		
18 Mount Hope Avenue			**39 Seaside Drive**		
City	State	Zip	City	State	Zip
Jamestown	**RI**	**02835**	**Jamestown**	**RI**	**02835**
Secretary Name			Treasurer Name		
Amy Gallagher			**Robert Gallagher**		
Street Address			Street Address		
180 East Shore Road			**180 East Shore Road**		
City	State	Zip	City	State	Zip
Jamestown	**RI**	**02835**	**Jamestown**	**RI**	**02835**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
John Pagano			**Jerome Scott**		
Street Address			Street Address		
47 Seaside Drive			**129 Walcott Avenue**		
City	State	Zip	City	State	Zip
Jamestown	**RI**	**02835**	**Jamestown**	**RI**	**02835**
Director Name			Director Name		
Mary Jo Diem			**Dante Tita**		
Street Address			Street Address		
200 Gondola Avenue			**96 Columbia Lane**		
City	State	Zip	City	State	Zip
Jamestown	**RI**	**02835**	**Jamestown**	**RI**	**02835**

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY **FILED**

JUN 07 2012

BY 171

Form No. 631
Revised: 05/2012

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.

Gary A Girard 6/4/2012
Signature of Officer Date

GARY A. GIRARD V.P.
Print or Type Name of Officer

Vice President
Title of Officer

79053-34-739962