



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. 524207		2. Exact name of the Corporation 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 23 Skysail Court		City Jamestown	State RI	Zip 02835	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Blake Dickinson			Vice-President Name Gary Girard		
Street Address 18 Mount Hope Avenue			Street Address 39 Seaside Drive		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Amy Gallagher			Treasurer Name Robert Gallagher		
Street Address 180 East Shore Road			Street Address 180 East Shore Road		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Pagano			Director Name Jerome Scott		
Street Address 47 Seaside Drive			Street Address 129 Walcott Avenue		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Mary Jo Diem			Director Name Dante Tita		
Street Address 200 Gondola Avenue			Street Address 96 Columbia Lane		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 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

Form No. 631
Revised: 05/2012

JUN 07 2012

BY 1271

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