



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 27166		2. Exact name of the Corporation Johnson-Gilchrist-Goff Memorial Association			
3. State of Incorporation R.I.		4. Corporate Address in RI - Street Address 172 Washington St		City Warwick	Zip 02888
5. Foreign corporation. Enter principal office address N/A		City		State	Zip
6. Brief description of the character of business conducted in Rhode Island Provide Financial support to Veterans, various community charities and youth organizations					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kevin Gilchrist			Vice-President Name Ann Wells		
Street Address 10 Partiton St. Apt. A 12			Street Address 10 Lawrence Ave.		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Ann Wells			Treasurer Name Robert J Michaud		
Street Address 10 Lawrence Ave			Street Address 96 Arnold Ave		
City Warwick	State RI	Zip 02888	City Cranston	State RI	Zip 02905
8. 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 Edward Keane			Director Name Leroy Mattatall		
Street Address 358 Chestnut St.			Street Address 71 Benedict St.		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Dawn M Kempf			Director Name Kevin A Hunt		
Street Address 212 Sandy Lane Apt. 6201			Street Address 63 Eldorado St		
City Warwick	State RI	Zip 02889	City Cranston	State RI	Zip 02910
9. 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 _____

FILED

Check No _____

MAY 21 2013

By: _____

FOR SECRETARY OF STATE USE ONLY

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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.

Signature of Officer

Date

Kevin Gilchrist

Print or Type Name of Officer

Commander/President

Title of Officer

5/15/13