



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 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. 153343		2. Exact name of the Corporation DUMPLINGS ASSOCIATION, INC.			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island Neighborhood association. Maintain pier & beach areas.			
5. Principal office address P.O.Box 273		City Jamestown		State R.I.	Zip 02835
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mary Marshall			Vice-President Name William Hutchinson		
Street Address 44 Fort Wetherill Road			Street Address 79 Hamilton Avenue		
City Jamestown	State R.I.	Zip 02835	City Jamestown	State R.I.	Zip 02835
Secretary Name Donna Pensa			Treasurer Name Charlene Heintz		
Street Address 22 Newport Street			Street Address 14 Newport Street		
City Jamestown	State R.I.	Zip 02835	City Jamestown	State R.I.	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 Mary Marshall			Director Name William Hutchinson		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name Donna Pensa			Director Name Charlene Heintz		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
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

FILED

File Date _____

JUN 26 2013

Check No _____

By: _____

BY 1180

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

06/20/2013
Date

Mary Marshall

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer

President

Title of Officer

Corporate ID No. 153343

Section 7 continued

Directors' names and addresses:

Katherine Grimes
227 Highland Drive
Jamestown, RI 02835

Thomas Waddington
80 Ledge Road
Jamestown, RI 02835

Jean McDonough
77 Blueberry Lane
Jamestown, RI 02835

Jerry McIntyre
57 Newport Street
Jamestown, RI 02835

Stephen Garnett
36 Newport Street
Jamestown, RI 02835

FILED

JUN 26 2013

BY 153343