



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. 28029		2. Exact name of the Corporation GREAT ISLAND ASSOCIATION, INC.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island NON PROFIT GROUP OF RESIDENTS OF GREAT ISLAND. THE PURPOSE OF THE ASSOCIATION IS TO PROVIDE A SOCIAL PROGRAM AND TO PROTECT THE INTERESTS OF THE RESIDENTS	
5. Principal office address 69 EAST SHORE ROAD		City NARRAGANSETT	State RI
		Zip 02882	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name HARRY NIELD JR.		Vice-President Name WILLIAM N. CINNAMOND JR.	
Street Address 69 EAST SHORE ROAD		Street Address 125 EAST SHORE RD.	
City NARRAGANSETT	State RI	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
Secretary Name LORRAINE JENNINGS		Treasurer Name BENJAMIN INGEGNERI	
Street Address 70 EAST SHORE ROAD		Street Address 74 EAST SHORE ROAD	
City NARRAGANSETT	State RI	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name HARRY NIELD JR.		Director Name WILLIAM N. CINNAMOND JR.	
Street Address 69 EAST SHORE RD.		Street Address 125 EAST SHORE RD.	
City NARRAGANSETT	State RI	City NARRA	State RI
Zip 02882		Zip 02882	
Director Name LORRAINE JENNINGS		Director Name BENJAMIN INGEGNERI	
Street Address 70 EAST SHORE RD.		Street Address 74 EAST SHORE RD.	
City NARRA	State RI	City NARRA	State RI
Zip 02882		Zip 02882	
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. _____ SEP 11 2013

By: _____ BY CK 205564

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FILED

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
HARRY NIELD JR. 9/9/13

Print or Type Name of Officer
HARRY NIELD JR.

Title of Officer
PRESIDENT