



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000056986

2. Name of Corporation Friends of Jamestown Seniors, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 6 WEST STREET

City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO OPERATE AND FUND THE JAMESTOWN SENIOR CENTER TO IMPROVE THE QUALITY OF LIFE OF SENIOR CITIZENS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ED HOLLAND	8 HOWLAND AVENUE JAMESTOWN, RI 02885 USA
TREASURER	ANNE TIGHE	WEST STREET JAMESTOWN, RI 02835 USA

SECRETARY	BRUCE E WIGTON	46 PENNSYLVANIA AVE JAMESTOWN, RI 02835 USA
VICE PRESIDENT	ELEANOR CHASE	430 GONDOLA AVE JAMESTOWN, RI 02835 USA
DIRECTOR	DONALD RICHARDSON	12 DAVIS ST JAMESTOWN, RI 02835 USA
DIRECTOR	IRENE NEWSHAM	36 PIERCE AV JAMESTOWN, RI 02835 USA
DIRECTOR	DONALD GILLIS	77 NARRAGANSETT AVE JAMESTOWN, RI 02835 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHARLOTTE S. RICHARDSON 6 WEST STREET P.O. BOX 184 JAMESTOWN , RI 02835

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of May, 2014 at 5:57:41 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By EDWARD HOLLAND
Signature of Authorized Person

Form No. 631
Revised 09/07

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