



**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** 2014

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. <b>27057</b>		2. Exact name of the Corporation <b>Jamestown Shores Association</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Neighborhood association</b>			
5. Principal office address <b>PO 46</b>		City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>Ann M. Gagnon</b>		Vice-President Name <b>Carol Nelson Lee</b>			
Street Address <b>10 Champlin Way</b>		Street Address <b>23 Bouy St</b>			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Secretary Name <b>Kathleen Mahoney</b>		Treasurer Name <b>Timothy J. Yentsch</b>			
Street Address <b>13 Starboard Ave</b>		Street Address <b>401 Gondola Ave.</b>			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>Anita Girard</b>		Director Name <b>Kristin Kennedy</b>			
Street Address <b>39 Seaside Drive</b>		Street Address <b>18 Luggar St</b>			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Director Name <b>Michael S. Egan</b>		Director Name			
Street Address <b>9 Champlin Way</b>		Street Address			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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, duly Authorized Representative, Receiver or Trustee

**FILED**

**MAY 21 2014**

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_ BY 148  
**FOR SECRETARY OF STATE USE ONLY**

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 or Authorized Representative

Date

*Timothy J. Yentsch*

Print or Type Name of Officer or Authorized Representative

**TIMOTHY J. YENTSCH**