



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. 27057		2. Exact name of the Corporation Jamestown Shores Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Neighborhood association			
5. Principal office address PO 46		City Jamestown	State RI	Zip 02835	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ann M. Gagnon		Vice-President Name Carol Nelson Lee			
Street Address 10 Champlin Way		Street Address 23 Bouy St			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Kathleen Mahoney		Treasurer Name Timothy J. Yentsch			
Street Address 13 Starboard Ave		Street Address 401 Gondola Ave.			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	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 Anita Girard		Director Name Kristin Kennedy			
Street Address 39 Seaside Drive		Street Address 18 Luggar St			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Michael S. Egan		Director Name			
Street Address 9 Champlin Way		Street Address			
City Jamestown	State RI	Zip 02835	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, 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