



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. 29993		2. Exact name of the Corporation Conanicut Island Art Association	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island The CIAA is committed to promoting the arts.	
5. Principal office address PO Box 229		City Jamestown	State RI Zip 02835
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Elaine Porter		Vice-President Name Wendy Crooks	
Street Address 616 West Reach Dr.		Street Address 7 Hull St.	
City Jamestown	State RI	Zip 02835	City Jamestown State RI Zip 02835
Secretary Name Virginia Gladding		Treasurer Name Fran Gorman	
Street Address 1 Wright Lane		Street Address 44 Maple 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 checked="" type="checkbox"/>			
Director Name Carol Gates		Director Name Jillian Barber	
Street Address 73 Conanicus Ave #3		Street Address 220 Narragansett Ave	
City Jamestown	State RI	Zip 02835	City Jamestown State RI Zip 02835
Director Name Joe Vecchione		Director Name Mary Lou Walter	
Street Address 108 Harrison Ave #7		Street Address 73 Conanicus Ave #5	
City Newport	State RI	Zip 02835	City Jamestown State RI Zip 02835
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY **3546**

FILED

JUN 03 2014

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.

Frances J. Gorman 5/27/14
 Signature of Officer or Authorized Representative Date

Frances J. Gorman
 Print or Type Name of Officer or Authorized Representative



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President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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Director Name <u>Reva Greenstein</u>			Director Name <u>Gail Bolger</u>		
Street Address <u>47 Conanicus Ave</u>			Street Address <u>6 Fore Royal Court</u>		
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>
Director Name <u>Ernie Savastano</u>			Director Name Frances J. Gorman		
Street Address <u>37 Cole St.</u>			Street Address 44 Maple Ave on 1st page		
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City Jamestown	State RI	Zip 02835
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2014 Treasurer