



**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** 2015

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. 000029993		2. Exact name of the Corporation Conanicut Island Art Association (CIAA)			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The CIAA is committed to promoting the arts in Jamestown.			
5. Principal office address 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 Beach Dr.		Street Address 7 Hull St.			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Virginia Gladding		Treasurer Name Frances 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 Jillian Barber		Director Name Mary Lou Watter			
Street Address 228 Narragansett Ave.		Street Address 73 Conanics Ave.			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Joe Vecchione		Director Name Carol Gates			
Street Address 108 Harrison Ave. #7		Street Address 15 Conanics Ave.			
City Newport	State RI	Zip 02840	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 3692

**FILED**

MAY 05 2015

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 May 4, 2015  
 Signature of Officer or Authorized Representative Date

CIAA Treasurer  
 Print or Type Name of Officer or Authorized Representative

Directors Cont'

Lance Gershenoff  
15 Spanker St.  
Jamestown, RI 02835

Rick Meli  
24 North Hillview Drive  
Narragansett, RI

Reva Greenstein  
47 Conanicus Ave.  
Jamestown, RI 02835