RI SOS Filing Number: 201562894380 Date: 06/08/2015 4:00 PM

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.	2. Exact name of the Corporation
28029	GREAT ISLAND ASSOCIATION, INC.
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: NON PROFIT SOCIAL ORGANIZATION WHICH PROVIDES SOCIAL PROGRAMS AND CIVIC INFORMATION WHILE PROTECTING THE INTERESTS OF MEMBERS & RESIDENTS OF GREAT ISLAND, NARRAGANSETT, RI

5. Principal office address	City	State	Zip
125 E. SHORE ROAD	NARRAGANSETT	RI	02882

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
WILLIAM M. CINNAMOND, JR.	125 E. SHORE ROAD	NARRAGANSETT	RI	02882

Vice-President Name	Street Address	City	State	Zip
MICHAEL TUBRIDY	81 EAST SHORE ROAD	NARRAGANSETT	RI	02882

Secretary Name	Street Address	City	State	Zip
LYNN GAGNON	29 E. SHORE DRIVE	NARRAGANSETT	RI	02882

Treasurer Name	Street Address	City	State	Zip
CHARLES E. BRADLEY	3191 PAWTUCKET AVENUE	E. PROVIDENCE	RI	02915

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
WILLIAM M. CINNAMOND, JR	AS NOTED ABOVE			

Director Name	Street Address	City	State	Zip
MICHAEL TUBRIDY	AS NOTED ABOVE			

Director Name	Street Address	City	State	Zip
LYNN GAGNON	AS NOTED ABOVE			

Director Name	Street Address	City	State	Zip
CHARLES E. BRADLEY	AS NOTED ABOVE			

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
JUN 08 2015
BY 1834

File Date _____
Check No _____
By: _____

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.

C Bradley 6/4/2015
Signature of Officer or Authorized Representative Date

CHARLES E. BRADLEY, TREASURER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
121684-34-948938