



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. 28029		2. Exact name of the Corporation 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 125 E. SHORE ROAD		City NARRAGANSETT	State RI
		Zip 02882	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name WILLIAM M. CINNAMOND, JR.		Vice-President Name MICHAEL TUBRIDY	
Street Address 125 E. SHORE ROAD		Street Address 81 EAST SHORE ROAD	
City NARRAGANSETT	State RI	City NARRAGANSETT	State RI
Zip 02882		Zip 02882	
Secretary Name LYNN GAGNON		Treasurer Name CHARLES E. BRADLEY	
Street Address 29 E. SHORE DRIVE		Street Address 3191 PAWTUCKET AVENUE	
City NARRAGANSETT	State RI	City E. PROVIDENCE	State RI
Zip 02882		Zip 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 WILLIAM M. CINNAMOND, JR		Director Name MICHAEL TUBRIDY	
Street Address AS NOTED ABOVE		Street Address AS NOTED ABOVE	
City	State	City	State
Zip		Zip	
Director Name LYNN GAGNON		Director Name CHARLES E. BRADLEY	
Street Address AS NOTED ABOVE		Street Address AS NOTED ABOVE	
City	State	City	State
Zip		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

JUN 08 2015

File Date _____

Check No _____

BY **1834**

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.

CEBradley

6/4/2015

Signature of Officer or Authorized Representative

Date

CHARLES E. BRADLEY, TREASURER

Print or Type Name of Officer or Authorized Representative