



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/business

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. <u>70317</u>		2. Exact name of the Corporation <u>CITIZENS CONCERNED ABOUT Casino Gambling</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>to educate the public about gambling and its effects on social + economic conditions</u>	
5. Principal office address <u>20 SCHOOL ST.</u>		City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Elizabeth Tabor</u>		Vice-President Name <u>FRANK RAY</u>	
Street Address <u>2 HARRISON AVE.</u>		Street Address <u>228 SPRING ST.</u>	
City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
Secretary Name <u>LAURICE SHAW</u>		Treasurer Name <u>KIKI SLEE McMAHAN</u>	
Street Address <u>66 THIRD ST.</u>		Street Address <u>20 SCHOOL ST.</u>	
City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
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 <u>Elizabeth Tabor</u>		Director Name <u>FRANK RAY</u>	
Street Address <u>2 HARRISON AVE</u>		Street Address <u>228 SPRING ST.</u>	
City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
Director Name <u>LAURICE SHAW</u>		Director Name <u>KIKI SLEE McMAHAN</u>	
Street Address <u>66 THIRD ST.</u>		Street Address <u>20 SCHOOL ST.</u>	
City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
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, Receiver or Trustee

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.

Kiki Slee McMahon 6-29-15
Signature of Officer Date

KIKI SLEE McMAHAN 6-29-15
Print or Type Name of Officer

Treasurer
Title of Officer

JUL 01 2015

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