



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000143121

2. Name of Corporation Jamestown Medical Fund, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 236
City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 110 WALCOTT AVE
City or Town: JAMESTOWN State: RI Zip: 02835 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO FINANCIALLY ASSIST BONA FIDE RESIDENTS OF JAMESTOWN, RHODE ISLAND IN TIMES OF MEDICAL EMERGENCIES OR EXTREME OR TERMINAL ILLNESS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TIMOTHY BAKER	110 WALCOTT AVENUE JAMESTOWN, RI 02835- USA
DIRECTOR	MARYANN TOPPA MRS	30 BEACH AVE JAMESTOWN, RI 02835 USA

DIRECTOR	TIMOTHY BAKER	110 WALCOTT AVE JAMESTOWN, RI 02835 USA
DIRECTOR	MILDRETH FEENEY	71 HAMILTON AVE JAMESTOWN, RI 02835 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARYANN CARR-TOPPA 30 BEACH STREET P.O. BOX 236 JAMESTOWN , RI 02835

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of June, 2016 at 11:45:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By TIMOTHY BAKER
Signature of Authorized Person

Form No. 631
Revised 09/07

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