State of Rhode Island an Department of St			Division		
Annual Report for the year Non-Profit Corporation → Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee:	2017			2917 J.	<u> </u>
1. Entity ID Number	2. Exact name of the Corporation Cottrell Pier Association, Inc.				
State of Incorporation Rhode Island	5. Brief descrip Swimming B	Brief description of the character of business conducted in Rhode Island Swimming Beach			
4. NAICS Code 813319 - Other Social Advoc				9	
6. Principal Office Address P.O Box 514			City Jamestown	State RI	Zip 02835
7. List ALL officers (names and ad	dresses)		Check th	ne hov to indicate	
President Name Kimberly P. Westcott			Check the box to indicate an attachment Vice-President Name Primrose Bullock		
Street Address 186 Racquet Road			Street Address 121 Racquet Road		
City Jamestown	State RI	^{Zip} 02835	City Jamestown	State RI	Zip 02835
Secretary Name Jane Bentley			Treasurer Name Fritz Attaway		
Street Address 70 Mt Hope Ave.			Street Address 13 Decatur Ave.		
City Jamestown	State RI	^{Zip} 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and ac	dresses). RI Corp	porations MUST lis		ack the hear to indicate	
Director Name Kimberly P. Westcott			Check the box to indicate an attachment L Director Name Primrose Bullock		
Street Address 186 Racquet Road			Street Address 121 Racquet Road		
City Jamestown	State RI	^{Zip} 02835	City Jamestown	State RI	^{Zip} 02835
Director Name Jane Bentley			Director Name Fritz Attaway		<u></u>
Street Address 70 Mt Hope Ave.			Street Address 13 Decatur Ave.		
	State RI	^{Zip} 02835	City Jamestown	State RI	^{Zip} 02835
Registered Agent in Rhode Island	I. This information is	currently of record	in the Department of State. Changes req	uire filing Form 641.	
Under penalty of perjury, I declard statements, and that all statemen	e and affirm that ts contained her	l have examined ein are true and d	this report, including any accomp	anying schedule	
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Fritz Attaway Signature of Office r/Autho rized Repri	econtativo			6/1/17	7
FILED					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JUN 0 1 2017

COTTRELL PIER ASSOCIATION, INC. Board of Directors

Kimberly P. Westcott, 186 Racquet Road, Jamestown, RI 02835

Jane Bentley, 70 Mt Hope Ave., Jamestown, RI 02835

Primrose Bullock, 212 Racquet Road, Jamestown, RI 02835

Peter Converse, 162 Narragansett Ave. Jamestown, RI 02835

Fritz Attaway, 13 Decatur Ave., Jamestown, RI 02835

David Fitzgerald, 154 Racquet Road, Jamestown, RI 02835

Jack Heflin, Highland Drive, Jamestown, RI 02835

John Murphy, 77 Narragansett Ave., Jamestown, RI 02835

Dan O'Donnell, 192 Racquet Road, Jamestown, RI 02835

11) 30878

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BY__