



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 2017

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. 70317		2. Exact name of the Corporation CITIZENS CONCERNED ABOUT CASINO GAMING	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island to educate the public about gaming & its effect on social & economic conditions	
5. Principal office address 20 School St.		City Newport	State RI Zip 02840
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Elizabeth Taber		Vice-President Name Frank Ray	
Street Address 392 Juckerman Ave.		Street Address 228 Spring St.	
City Middletown	State RI Zip 02842	City Newport	State RI Zip 02840
Secretary Name Ann Boyer		Treasurer Name Kiki McMahon	
Street Address 27 Young St.		Street Address 20 School St.	
City Portsmouth	State RI Zip 02871	City Newport	State RI Zip 02840
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 Elizabeth Taber		Director Name Frank Ray	
Street Address 392 Juckerman Ave.		Street Address 228 Spring St.	
City Middletown	State RI Zip 02842	City Newport	State RI Zip 02842
Director Name Ann Boyer		Director Name Kiki McMahon	
Street Address 27 Young St.		Street Address 20 School St.	
City Portsmouth	State RI Zip 02871	City Newport	State RI Zip 02840
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 04/2014

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.

FILED

JUN 27 2017

BY

1179

Signature of Officer or Authorized Representative

Date

Kiki Sleet McMahon 6-25-17
KIKI SLEET MCMAHAN

Print or Type Name of Officer or Authorized Representative