



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

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 R.I. DEPT. OF STATE
 BUS. REGISTRATION
 JUN 27 AM 11:03
 2017

1. Entity ID No. <u>70317</u>		2. Exact name of the Corporation <u>CITIZENS CONCERNED ABOUT CASINO GAMING</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 gaming & the effect 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 checked="" type="checkbox"/>			
President Name <u>Elizabeth Jaber</u>		Vice-President Name <u>Frank Ray</u>	
Street Address <u>592 Juckermau Ave.</u>		Street Address <u>228 Spring St.</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02842</u>		Zip <u>02840</u>	
Secretary Name <u>Ann Boyer</u>		Treasurer Name <u>Kiki McMahon</u>	
Street Address <u>27 Young St.</u>		Street Address <u>20 School St.</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02871</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 Jaber</u>		Director Name <u>Frank Ray</u>	
Street Address <u>592 Juckermau Ave.</u>		Street Address <u>228 Spring St.</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02842</u>		Zip <u>02842</u>	
Director Name <u>Ann Boyer</u>		Director Name <u>Kiki McMahon</u>	
Street Address <u>27 Young St.</u>		Street Address <u>20 School St.</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02871</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, duly Authorized Representative, Receiver or Trustee

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 27 2017

BY 1179

Signature of Officer or Authorized Representative

Date

Kiki Slet McMahon 6-25-17

KIKI SLET MCMAHAN

Print or Type Name of Officer or Authorized Representative