



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 524207	2. Exact name of the Corporation Taxpayers' Association of Jamestown
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To promote effective and efficient town government.
4. NAICS Code 813319	

6. Principal Office Address 23 Skysail Court	City Jamestown	State RI	Zip 02835
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Mary Lou Sanborn	Vice-President Name Ann Gagnon
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Street Address 21 Bayview Drive	Street Address 10 Champlin Way
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City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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Secretary Name Rosemary Forbes-Woodside	Treasurer Name Dante Tita
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Street Address 23 Skysail Court	Street Address 96 Columbia Lane
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City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name John Pagano	Director Name Gary Girard
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Street Address 47 Seaside Drive	Street Address 39 Seaside Drive
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City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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Director Name Jerome Scott	Director Name Fritz Attaway
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Street Address 129 Walcott Avenue	Street Address 13 Decatur Avenue
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City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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 Rosemary Forbes-Woodside	Date 5/20/2018
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Signature of Officer/Authorized Representative
Rosemary Forbes-Woodside

FILED

JUN 04 2018

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MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov