



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.

FILED *[Signature]*
 JUN 25 2018
 BY 2570

1. Entity ID Number 28029		2. Exact name of the Corporation Great Island Association, Inc.						
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-profit social organization providing social programs and civic information to members/residents of Great Island, Narragansett						
4. NAICS Code 813319 - Other Social Advocac:								
6. Principal Office Address 125 East Shore Road				City Narragansett		State RI	Zip 02882	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
President Name William M. Cinnamond, Jr.			Vice-President Name Christine Connolly					
Street Address 125 East Shore Road			Street Address 151 East Shore Road					
City Narragansett		State RI	Zip 02882		City Narragansett		State RI	Zip 02882
Secretary Name Lynn Gagnon			Treasurer Name Charles E. Bradley					
Street Address 29 East Shore Road			Street Address 3191 Pawtucket Avenue					
City Narragansett		State RI	Zip 02882		City East Providence		State RI	Zip 02915
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>								
Director Name William M. Cinnamond, Jr.			Director Name Christine Connolly					
Street Address As Above			Street Address As Above					
City		State	Zip		City		State	Zip
Director Name Lynn Gagnon			Director Name Charles E. Bradley					
Street Address As Above			Street Address As Above					
City		State	Zip		City		State	Zip
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.								
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>								
Name of Officer/Authorized Representative Charles E. Bradley						Date 6/20/2018		
Signature of Officer/Authorized Representative <i>CE Bradley</i>								

MAIL TO:
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 Website: www.sos.ri.gov