RI SOS Filing Number: 201999211240
State of Rhode Island and Providence Plantations



## **Department of State - Business Services Division**

Annual Report for the year: 2019 **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 JUN 2 4 2019 0/

Date: 6/24/2019 4:00:00 PM

	· · · · · · · · · · · · · · · · · · ·				
1. Entity ID Number <b>153343</b>	2. Exact name of the Corporation  DUMPLINGS' ASSOCIATION, INCORPORATED				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Neighborhood Association - Maintain Wharf and Beach Areas				
4. NAICS Code	1				
813990 - Other Similar Or					
6. Principal Office Address	<u> </u>	<u> </u>	City	State	Zip
44 Fort Wetherill Road			Jamestown	RI	02835
7. List ALL officers (names and add	dresses)	<del></del>		Check the box to indi	cate an attachment
President Name Mary Marshall			Vice-President Name Jerry L. McIntyre		
Street Address 44 Fort Wetherill	Road		Street Address 57 Newport Street		
City Jamestown	State RI	Zip <b>02835</b>	City Jamestown	State RI	Zip 02835
Secretary Name Jeannie McDonough			Treasurer Name Jeffrey Gravdahl		
Street Address 77 Blueberry Lane			Street Address 19 Seafarer Court		
City Jamestown	State RI	<sup>Zip</sup> 02835	City Jamestown	State RI	Zip <b>02835</b>
8. List ALL directors (names and ad	ddresses). RI	Corporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment
Director Name Jerry L. McIntrye			Director Name Jeffrey Gravdahl		
Street Address 57 Newport Street			Street Address 19 Seafarer Court		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Jeannie McDono	ugh		Director Name Mary Marshall		
Street Address 77 Blueberry Lane			Street Address 44 Fort Wetherill Road		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	<sup>Zip</sup> <b>02835</b>
9. Registered Agent in Rhode Islan	d. This informa	tion is currently of reco	rd in the Department of State. Cha	inges require filing Form 6	41.
Under penalty of perjury, I declar statements, and that all statements				accompanying sched	ules and
This report must be signed by either the Pres	ident, Vice-Presid	lent, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Re	epresentative, Receiver or Tru	istee
Name of Officer/Authorized Representative				Date	
Jerry L. McIntyre			June 18, 2019		
Signature of Officer/Authorized Rep	resentative			• . • • • • • • • • • • • • • • • • • •	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos ri.gov