



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

FILED

JUN 24 2019

6179

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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.

1. Entity ID Number 153343		2. Exact name of the Corporation DUMPLINGS' ASSOCIATION, INCORPORATED			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Neighborhood Association - Maintain Wharf and Beach Areas			
4. NAICS Code 813990 - Other Similar Or <input type="checkbox"/>					
6. Principal Office Address 44 Fort Wetherill Road		City Jamestown		State RI	Zip 02835
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 02835	City Jamestown	State RI	Zip 02835
Secretary Name Jeannie McDonough			Treasurer Name Jeffrey Gravidahl		
Street Address 77 Blueberry Lane			Street Address 19 Seafarer Court		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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 Jerry L. McIntyre			Director Name Jeffrey Gravidahl		
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 McDonough			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	Zip 02835
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 Jerry L. McIntyre				Date June 18, 2019	
Signature of Officer/Authorized Representative 					

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

FORM 631 - Revised: 03/2019