



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000056986

**2. Name of Corporation** Friends of Jamestown Seniors, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 6 WEST STREET

P.O. BOX 184

City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO OPERATE AND FUND THE JAMESTOWN SENIOR CENTER TO IMPROVE THE QUALITY OF LIFE OF SENIOR CITIZENS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	THOMAS PATRICK TIGHE MR	4 WEST STREET JAMESTOWN, RI 02835 US
TREASURER	LAWRENCE BARTLEY MR	2 SPINDRIFT STREET JAMESTOWN, RI 02835 US
SECRETARY	ELIZABETH A MANCINI MS	94 EAST SHORE ROAD JAMESTOWN, RI 02835 US
VICE PRESIDENT	KAREN BELL MS	57 PEMBERTON AVENUE JAMESTOWN, RI 02835 US
DIRECTOR	NANCY BEYE MS	54 CLINTON AVENUE JAMESTOWN, RI 02835 US
DIRECTOR	DONALD RICHARDSON	12 DAVIS ST JAMESTOWN, RI 02835 USA
DIRECTOR	ELIZABETH MANCINI	94 EAST SHORE ROAD JAMESTOWN, RI 02835 US
DIRECTOR	FRED PEASE	29 MAPLE STREET JAMESTOWN, 02 US US
DIRECTOR	EILEEN TIEXIERA MRS	91 HOWLAND AVENUE JAMESTOWN, RI 02835 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

THOMAS P. TIGHE 6 WEST STREET P.O. BOX 184 JAMESTOWN , RI 02835

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 23 Day of May, 2020 at 11:45:38 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By THOMAS P. TIGHE  
Signature of Authorized Person

Form No. 631  
Revised 09/07